

# Psychology Internship Program



**James A. Haley Veterans' Hospital, Tampa FL**



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## Welcome!

Hello and thank you for your interest in the Tampa VA! We are a large and diverse program which has been APA-accredited since 2003 and is based at one of the VA system's flagship medical centers. Our program has a strong reputation for training in health psychology integration, trauma-focused care, neuropsychology, general mental health, and development of world-class psychologist professionals. We are also proud to be part of the dynamic Tampa Bay area, one of the country's fastest-growing metropolitan areas and a region known for its world-class beaches, amazing cuisine, and temperate Florida living (and #ChampaBay). Take a moment to review our materials, and please feel free to contact Dr. Weber with any questions (Lauren.Weber@va.gov). Our program faculty look forward to meeting you!

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## Program Facts At-A-Glance

### Program TD

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### Applications Due

November 1<sup>st</sup>

### APPI Match Numbers

122511 - General Track  
122513 - Neuro Track  
122514 - Trauma Track

### Memberships

APA-Accredited (next visit delayed to 2024)  
AITCN Member

### Stipend and Benefits

\$26,297 as well as:  
-Health insurance coverage available  
-11 paid federal holidays  
-13 vacation days and 13 sick days  
-5 days of authorized absence for professional activities  
-Free onsite parking  
-Dedicated desk/office space  
-Great weather, world-class beaches, and a thriving restaurant scene

### How to Apply

Applications are online through the APPI  
(<https://www.appic.org/Internships/AAPPI>)

### Program Websites

[Psychology Training - Internship & Residency Programs](#) | [VA Tampa Health Care](#) | [Veterans Affairs](#)

## Accreditation Status

The Psychology Internship at the **James A. Haley Veterans' Hospital – Tampa, FL** is accredited by the Commission on Accreditation of the American Psychological Association. We were last site-visited in 2016 and our next site visit was slated for 2023, but due to COVID-related delays has been scheduled for Spring 2025.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## Application & Selection Procedures

**Applications due: November 1**

### QUALIFICATIONS

In order to be considered for admission to the Psychology Internship Program, candidates must meet the following criteria:

1. Have completed at least three years of graduate course work in and be currently enrolled in an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program. Have successfully defended the dissertation proposal prior to application.
2. Be a citizen of the United States.
3. For males -- have registered with the Selective Service System before age 26.
4. Interns are subject to fingerprinting and background checks.
5. Interns must meet physical and health requirements as part of the onboarding process. This information is treated as confidential and can be verified via source documentation or a statement from a healthcare professional attesting that the intern meets the health requirements for VA training (: [Trainee Qualifications and Credentials Verification Letter \(TQCVL\) - Office of Academic Affiliations \(va.gov\)](#)). Interns are also subject to random drug screening ([VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)).

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

*HPTs directly paid by VA are appointed under authority 38 USC 7405 subsection (a)(1) for a temporary period, not to exceed one year (2080 hours or less). All direct VA-paid HPTs, to include interns, residents, fellows, externs trainees, and students, shall be appointed in one-year intervals, renewable on an annual basis for no more than three years. Refer to the Paid AH and Nursing HPT Appointment Schedule Guidelines for updates.*

- a. *A Trainee Qualifications and Credentials Letter (TQCVL) is required prior to all initial and subsequent HPT appointments.*
- b. *HPTs appointed for 90 days or more and who participate in training a minimum of 130 hours per month meet the eligibility requirements for Federal Employee Health Benefits (FEHB). HPTs can enroll in FEHB on their first day at VA and be covered by the first pay period. If there are additional questions, please contact your local HR staff.*  
[Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#)

See <https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf> for a full description of eligibility criteria ([Am I Eligible? Checklist for VA HPTs](#)).

The Department of Veterans Affairs is an Equal Opportunity Employer. Women and minority applicants are particularly encouraged to apply.

## APPLICATION PROCEDURES AND DEADLINE

Graduate students in APA-, CPA-, or PCSAS-accredited doctoral psychology training programs who are interested in applying for an internship position in our program should follow the online APPIC application instructions. Applications are particularly welcomed from minority candidates. Historically, students from university-based programs have a better fit our scientist-practitioner training model.

The AAPI (APPIC Application for Psychology Internships) online application portal should be used by all interested students to apply to the James A. Haley Veterans' Hospital Psychology Internship Program. All applications must be submitted online. News and information about the APPIC Online Application process, along with instructions about how to access the service, can be found at [www.appic.org](http://www.appic.org).

When you enter the general AAPIC site, click on Directory Online, and then Search for Internship Programs. James A. Haley Veterans' Hospital is listed under Florida at Tampa. Most of the information about our internship can be found on our APPIC page. However, if you find that you have more specific questions, you may contact the internship program Training Director directly for clarification. Contact information is provided below. Your graduate program Training Director should be a useful resource in helping you navigating the AAPI applicant portal.

Your online AAPI application package should also include: a Verification of Internship Eligibility and Readiness completed by your University Director of Clinical Training, all official graduate transcript(s), three letters of reference from faculty members or practicum supervisors who know you and your work well, a cover letter, and a curriculum vitae. For those interested in the Neuropsychology program/track, you **may rank only** that program/track. Those interested in the General Psychology or Trauma Psychology programs/tracks may rank either or both.

**122511** General Psychology

**122513** Neuropsychology

**122514** Trauma Psychology

Complete application packets must submitted through the AAPI Online portal **no later than 11:59 PM Eastern Time Zone on November 1** of the current year for consideration for internship appointment beginning the following July. Individual interviews will be conducted by invitation only, following initial evaluation of application materials. Applicants invited for interviews will be notified by early December and an interview date scheduled during the first or second Friday in January. Interviews are typically conducted onsite but can be arranged to be conducted by phone as well.

Policies and procedures regarding internship offers and acceptance recommended by the Association of Psychology Post-Doctoral and Internship Centers (APPIC) and the Council of Directors of Clinical Training Programs will be followed for the appointment of interns to the James A. Haley Veterans' Hospital Psychology Internship Program. The internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

### Physical Address

James A. Haley Veterans' Hospital  
Mental Health and Behavioral Science Service (116A)  
13000 N. Bruce B. Downs Blvd.  
Tampa, FL 33612

Due to increasing numbers of applications and our commitment to having a diverse internship class, we limit the number of applications we will consider from any one program or school to no more than six (6). Since we have multiple tracks, we will consider six (6) applicants applying to the Neuropsychology Track and six (6) applying to the General Track and Trauma Track (as applicants are able to apply to both General/Trauma). We are relying on the graduate programs' faculty and Training Directors to discuss these issues with their students and encourage only **those who are competitive and truly interested** in our program to apply. If we receive more than twelve (12) applicants (six (6) applicants for Neuro and six (6) for General/Trauma) combined from any one school/program, we will not consider ANY applicant from that school/program. Institutions that have both Ph.D. and Psy.D. programs in the same department, should limit applicants to the numbers listed above. For schools that have different departments offering doctoral level professional training (e.g., a



university offering a Ph.D. in counseling psychology out of the Education Department and a Ph.D. in clinical psychology out of the Psychology Department) we will consider applications separately from each of the different departments.

## SELECTION PROCEDURES

**Important Update:** All selection procedures will be virtual for the 2023-2024 internship class year. Applicants are invited to interview by email. Offers will be extended to participate in a **virtual open house**, followed by **virtual interviews**. Virtual Open House will be held on two Fridays in January (1/6/23 & 1/13/23). Intern applicants meet (virtually) with faculty and interns for individual interviews and they also have an opportunity to learn more about our program and ask questions of rotation faculty. There is a (virtual) meeting with the interns to ask questions. At this time, we cannot accommodate requests for on-site visits. ***Please note that the virtual open house is not required nor is it part of the interview process and is only for applicants we have invited to interview.***

### Initial Review

Completed applications are first reviewed by the Director of Psychology Training and a small panel of staff psychologists to determine the competitive level of the candidate; that is, whether the candidate falls in the top 50% of applicants. Applicants are also required to meet a minimum of 350 total direct contact intervention hours and 150 total direct contact assessment hours. While we list minimum requirements for direct contact hours, we carefully examine the APPIC application and look for number and balance between direct contact assessment and therapy hours (**500 combined hours minimum required**). **We recognize that the COVID19 situation has altered many applicants' hours and we will account for this in our selection processes (e.g., alterations in the balance of assessment to intervention hours).** We examine not only the total number of hours, but also the quality of the practicum sites at which training occurred. Some of the measures we utilize in evaluating the quality of practicum site include, the proportion of supervision hours relative to face-to-face patient contact hours and the number of comprehensive psychological evaluation reports completed by the applicants. Candidates who meet this criterion (usually 50-80 applicants) are then invited to interview. We will make a reasonable attempt to contact every applicant who submitted a complete application about his/her interview status by December 1. Applicants not invited to interview are informed of this decision prior to the scheduled interview days.

### Interviews

***Interviews will be conducted on two Fridays in January.*** On each of the open house interview days, a portion of the day is devoted to providing information about our program including Q & A with rotation faculty. Each candidate will interview individually with two staff members and one of the current trainees (either an intern or a post-doctoral resident). Trainees who are invited to interview for both General and Trauma tracks will have an additional staff interview scheduled. These interviews are part of the formal evaluation process. The interview day typically lasts from 8:00am to 4:00pm, with the open house encompassing the morning, and individual interviews midday into the afternoon. A meeting with our current intern class provides candidates with an informal opportunity to ask questions of the interns about any aspect of the internship program. For applicants who cannot schedule interviews on those assigned days, we will offer alternatives, but interviews must be completed during the two weeks in which our open house meetings will occur.

### Selection Policies and Procedures

Our selection process adheres to APPIC policy. Please note that the internship is available only to U.S. citizens who are current degree-seeking students in APA-, CPA-, or PCSAS-accredited graduate psychology programs. We strongly encourage applications from candidates from underrepresented groups. The Federal Government is an Equal Opportunity Employer. The United States Government does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

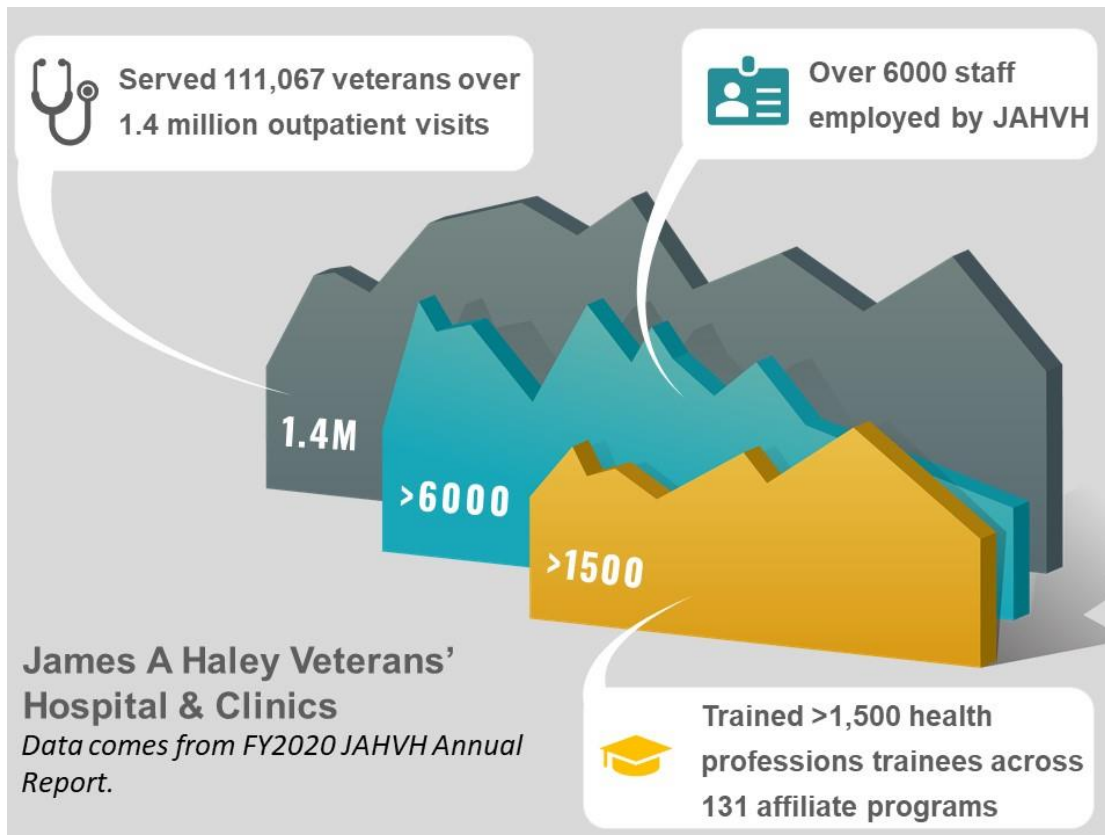
Following interviews, committees of staff/interns, typically organized by track emphasis area, are formed and are assigned a subset of applications to review in detail and rate. Ratings are based on six criteria: 1) academic transcripts (coursework titles and grades), 2) quality and amount of assessment experience, 3) quality and amount of therapy experience, 4) letters of recommendation, 5) diversity experience and interests, and 6) professional activities (involvement in professional associations and societies, presentations, publications, awards). Each candidate's application is rated individually by each member of the committee and then discordant ratings between committee members are mediated within each committee to achieve a final rating/ranking score. The candidates are then ranked within each committee according to their overall scores. The entire Psychology Training Committee reviews each list of ranked candidates for final consensus. For all internship tracks (General, Neuropsychology, and Trauma), positions are ranked in the APPIC computer matching process to the candidates with the highest ratings.

In the past, successful applicants have had clinical experience in a hospital or non-university clinic setting. Almost all selected candidates have already completed their dissertation prospectus meeting and doctoral comprehensive examinations. Interns over the past five years have come from graduate training programs from across the nation.

### Notification of Selection

We participate in the APPIC Computerized Matching Program. Once the computerized matches are announced by email on Match Day, each matched applicant will be telephoned/emailed to verify the computer match. Please review the APPIC guidelines regarding internship selection and computer matching procedures (<http://www.appic.org/>). We will adhere strictly to the guidelines in all transactions with intern applicants.

### Program Setting



### JAMES A. HALEY VETERNS HOSPITAL

The James A. Haley Veterans' Hospital (Tampa VAMC), a JCAHO accredited hospital, is a 415 bed Level 1a facility that provides comprehensive inpatient, primary, secondary, and tertiary care in medical, surgical, neurological, rehabilitation, and short-term psychiatric modalities; primary and specialized ambulatory care; and rehabilitation nursing home care through its 118 bed nursing home care unit.

Specialized programs are offered in treatment of chemical dependency, post-traumatic stress, comprehensive rehabilitation, and women's health. The hospital is one of five VA Polytrauma centers. The Tampa VAMC also has an established Clinical Center of Excellence in Spinal Cord Injury/Disease, ALS, and MS. In addition, the medical center has six outpatient clinics that are located in New Port Richey, Brooksville, Lecanto, Zephyrhills, Lakeland, and Riverview. Our medical center provides healthcare services to Veterans and TRI-CARE patients in central Florida. The medical center is one of the busiest in the VA healthcare system of 150+ hospitals, treating 10,534 inpatients and providing 450,187 outpatient visits.

The facility has a national reputation for excellence. In 1997, the hospital was awarded the Robert W. Carey Award for quality as well as the National Partnership Award for staff/leadership relationships. In 1998, we received a Merit Achievement for the President's Quality Award. These are the highest awards bestowed upon a VAMC.

The medical center is affiliated with the University of South Florida (USF) and its College of Medicine. The university is the 16th largest educational center in the nation and provides all facilities and resources typical of a large metropolitan university. The medical center's dynamic and progressively expanding postgraduate teaching program encompasses most of the healthcare specialties. Approved programs are conducted in Audiology and Speech Pathology, General Surgery, Internal Medicine, Neurology, Nursing, Ophthalmology, Orthopedics, Otolaryngology, Psychiatry, Psychology, Radiology, Pathology, Social Work, and Urology.

## PSYCHOLOGY SERVICE

The Psychology Service is comprised of over 130 doctoral level psychology staff representing a variety of theoretical orientations and specializations. Psychologists have major leadership roles within hospital clinical and research programs and have recognized national expertise and leadership within VHA as well as state and national psychology organizations. Many staff hold faculty appointments at the nearby University of South Florida. Staff psychologists have authored textbooks, written numerous professional articles, and developed or helped develop prominent psychological tests. In addition, psychologists have served on national VHA Work Groups, Polytrauma Task Forces, and QUERIs.

In addition to our APA-accredited psychology internship program (eight interns), we also have a two-year APA-accredited neuropsychology postdoctoral fellowship program (four fellows), a two-year APA-accredited Rehabilitation Psychology Postdoctoral Fellowship (two fellows), and a one-year Clinical Psychology Postdoctoral Fellowship with emphases in Pain/Psycho-oncology Psychology (two fellows), Trauma Psychology (two fellows), and Clinical Health Psychology (two fellows).



## TRAINING MODEL AND PROGRAM PHILOSOPHY

We believe that sound clinical practice is based on scientific research and empirical support. Our training model is the Scientist-Practitioner Model of Training, in which research and scholarly activities inform and direct clinical practice, and clinical practice directs research questions and activities. At the internship level, our clinical training focuses on scientifically-based and empirically-supported general psychological principles and theories for evaluation, psychotherapy, and consultation. We believe these principles and theories provide the foundation of clinical training and are essential for competent practice of psychology across settings and populations. The philosophy of our training program is that of a generalist training model, with the expectation that 50% of the training year to be spent on generalist rotations. In addition, the Tampa VA offers several unique specialty training opportunities to select for the remaining two rotations. Specialty track interns will spend the other 50% of their time on required specialty track rotations, specifically focused on building competency within that specialty (i.e., Neuropsychology Track and Trauma Track). All interns, regardless of track, will be required to complete some degree of generalist training throughout the internship year.

Our program has a strong commitment to, and interest in, diversity issues. Our diversity training has several arms: 1) a bi-monthly diversity seminar that is focused on discussion/experiential process of diversity issues, which is overseen by a diversity planning committee; 2) integration of diversity topics on rotations with a focus on discussion of diversity topics/research within that area of practice; and 3) a focus on recruitment and retention of diverse trainees and staff. In addition, the MH&BSS has a multidisciplinary Diversity and Inclusion Committee that provides diversity training, peer consultation & support, hiring/retention consultation, and dissemination of diversity-related information to the Service.

We have several staff members who have specific interest in mentoring multicultural, ethnic/racial and/or LGBT trainees. We also have staff who have clinical caseloads consisting of primarily Hispanic patients (Spanish speaking), LGBTQ patients, and transgender patients. Several staff also offer training opportunities related to working with individuals with physical disability. We have staff who belong to the hospital's LGBTQSA committee. Here is information on our hospital's

LGBTQSA Emphasis Program: <https://www.tampa.va.gov/services/lgbtqveterans.asp>. Its mission is to identify and address barriers, stereotypes, and other related issues in the workplace, foster allies, increase awareness of health care issues, and advocate for a caring, respectful and welcoming environment for our LGBT Veterans, family members and employees. We have staff who have completed specialized training to work with transgender patients (SCAN-ECHO).

## PROGRAM AIM & OBJECTIVES

The primary aim of this Psychology Internship Training Program is to prepare interns for competent entry into the increasingly complex roles of Clinical or Counseling Psychologists in public sector medical center and university settings.

Our expectation is that our graduates will become licensed psychologists. Interns are expected to learn and demonstrate entry-level competency in: 1) professional values, attitudes and behavior, 2) diagnosis and assessment, 3) psychotherapeutic interventions 4) consultation and interprofessional/interdisciplinary skills 5) ethics and legal matters, 6) communication and interpersonal skills, 7) supervision, (8) individual and cultural diversity, and 9) research. Interns completing the program should be fully prepared for further post-doctoral training or entry-level professional positions involving clinical treatment, teaching, or research, particularly with adult patient populations having a variety of psychiatric, geriatric, neurological, and chronic medical conditions.

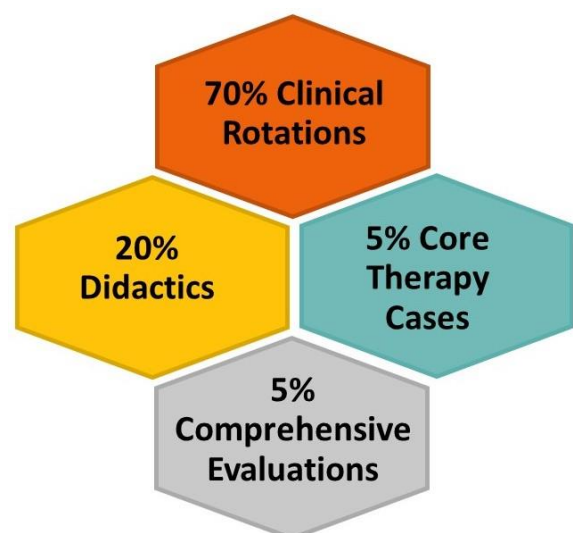
The Psychology Section serves an integral role in the hospital's training function. The hospital and the Psychology Section are pleased to have the opportunity to contribute to the professional development of graduate students in APA-, CPA-, or PCSAS-accredited clinical, counseling, or combined counseling-school psychology training programs. Your presence stimulates and enhances our services to the thousands of patients who are entrusted to us for effective and caring treatment. In return, we believe that the rich training experience at our hospital, and at our affiliated institutions, will make a vital contribution to your professional growth and development.

The psychology staff regards the training of new psychologists as a serious responsibility and this is demonstrated by a commensurate investment of staff time and energy in all facets of the training program. The didactic and clinical experiences of this program are designed to facilitate the professional attitudes, competencies, and personal resources essential to the provision of high quality patient care in contemporary psychology service settings. As mentors, psychology staff members demonstrate, and encourage intern participation in, the professional roles of clinician, consultant, team member, supervisor, evaluator, and researcher. The professional growth and development of interns is enhanced by consistent supervision, varied clinical responsibilities with diverse patient populations, and ongoing didactic training.

## Program Structure

### TRAINING PLAN

An orientation period serves to familiarize interns with the Medical Center, the various treatment units, and the staff psychologists and their various roles. During this time, interns attend VA required New Employee Orientation sessions and also meet with potential rotation supervisors. During the orientation period, the intern is requested to prepare his/her own training program proposal. The proposal indicates the rotations desired, didactic activities desired (above and beyond the required didactics), etc. The Director of Training and/or Assistant Training Director reviews the proposal with the intern, taking into account the resident's prior experience and professional goals. When mutual agreement is achieved concerning the plan, it is reviewed with the Internship Training Committee for approval. Interns may request training plan changes at any point during the program through the Director of Training. In order to offer each intern maximal exposure to a variety of patients and settings, training plans may allow rotations through a variety of service and training areas.





## **ROTATIONS**

During the training year, interns complete four clinical rotations. In addition to the clinical rotations, interns attend year-long training seminars, maintain a caseload of two or more active individual therapy cases, and complete at least 4 comprehensive psychological assessments.

We offer eight intern positions: four to eight in the General Internship Program/Track and a maximum of two each in the Neuropsychology and the Trauma Psychology Programs/Tracks.

## **GENERAL PSYCHOLOGY PROGRAM/TRACK**

The General Psychology Track provides an intern with exposure to medical and psychiatric populations that have a broad range of psychopathology and emotional trauma. The training goal of this track is to provide a breadth of experience so that an intern develops the general knowledge base and skills necessary for effective diagnosis and treatment of various forms of psychopathology. An intern in this track will select four rotations from the many rotation options listed below. These rotation selections are based on the intern's interests, prior clinical experiences and training, professional development goals, and Training Committee approval.

For candidates interested in focusing their training in a particular clinical area (e.g., Rehabilitation Psychology, Behavioral Medicine/Health Psychology, or Severe Psychopathology), the General Psychology Track offers opportunities for specialization through an intern's selection of relevant rotations. For example, an intern interested in Rehabilitation Psychology might choose to complete rotations in the Chronic Pain Rehabilitation Program, Spinal Cord Injury/Disease Unit, or the Polytrauma/TBI Transitional Rehabilitation Program. Similarly, an intern interested in behavioral medicine/health psychology might choose to complete rotations in Health Psychology Specialty Clinics, Chronic Pain Rehabilitation Program, or Primary Care – Behavioral Health. Interns choosing to focus their training may select no more than two rotations within that specialty area during the training year. Because we are a generalist training program in clinical psychology, there is no maximum on the number of clinical psychology rotations an intern may select. Classification areas of rotations are listed later in the brochure.

## **NEUROPSYCHOLOGY PROGRAM/TRACK**

The Neuropsychology Track requires that the intern complete 1) the Inpatient Acquired Brain Injury/Rehabilitation Clinical Neuropsychology rotation and 2) the Memory Disorder Clinic/General Outpatient Neuropsychology rotation. The Neuropsychology Track requires that the intern complete the two neuropsychology rotations as their first two rotations. The third and fourth rotations may be selected from any of the other rotation offerings, but must be approved by the Training Committee according to the intern's training needs and professional development goals and the intern's prior clinical experience.

This track also requires attendance and participation in the Fundamentals of Neuropsychology Assessment Seminar. Although not required, in the past students have completed a scholarly project on some neuropsychology topic during the internship year (e.g., literature review, participation in a research study resulting in authorship on poster presentation or journal article submission, or journal article co-review).

## **TRAUMA PSYCHOLOGY PROGRAM/TRACK**

The Trauma Psychology Track requires that the intern complete 1) the Military Trauma – PTSD rotation and 2) the Military Sexual Trauma rotation. These rotations must be completed as the first two rotations. The third and fourth rotations may be selected from any of the other rotation offerings, but must be approved by the Training Committee according to the intern's training needs and professional development goals and the intern's prior clinical experience.

This track also requires that one of the two ongoing psychotherapy cases be appropriate for prolonged exposure therapy or cognitive processing therapy. Interns in this track are expected to demonstrate competence in these two therapeutic approaches by the end of the internship year.

## **Availability & Timing of Rotations**

Interns in the Neuropsychology and Trauma Psychology Tracks will complete their required specialty track rotations during the first two rotation periods of the year. The sequence for their remaining rotations, and the sequence for all rotations for interns in the General Psychology Track, will be determined by the Training Committee on the basis of a) availability during a given rotation period and b) the intern's level of clinical expertise. For required track rotations, the first 2 rotations of the year are reserved for track interns. Because it is not possible to estimate the demand among interns for particular rotations, the Committee cannot guarantee that all interns will receive all choices for rotations. However, over the past ten years, this has been a minimal issue and interns have completed the rotations of their choice. All interns, regardless of track, will be required to complete some degree of generalist training throughout the internship year.

Interns may elect to complete one off site (non-VA) rotation among the available rotations (yearly OAA approval dependent). However, typically most interns complete four (4) VAMC-based rotations.

## **SEMINARS**

The development of clinical skills requires not only day-to-day patient contact but also ongoing didactic training. To accomplish this, the internship training program includes seminars which focus on theoretical as well as applied aspects of clinical work. Regular attendance at these year-long training seminars is required for interns: Assessment seminar, Psychotherapy seminar, and Diversity Seminar. Attendance and participation in the Fundamentals of Neuropsychology Assessment Seminar is required for neuropsychology track interns but the seminar may be attended by all interns.

Opportunities for additional didactics and for research are available based on intern interest but are not required in the internship program. These additional optional didactic opportunities include postdoctoral psychology residency seminars, USF Psychiatry Department Grand Rounds lectures and Grand Rounds within this hospital, USF Department of Psychology lectures, and monthly seminars hosted by MH&BSS Diversity & Inclusion Committee.

## **PSYCHOTHERAPY TRAINING**

At the beginning of the internship year, each intern selects a core psychotherapy supervisor who assigns two therapy cases. Cases are coordinated through the Psychotherapy Seminar and the core psychotherapy supervision coordinator. As patients terminate therapy, additional cases are assigned in order to maintain a minimum of two on-going therapy cases. For interns in the Trauma Psychology Track, at least one of these cases must be appropriate for cognitive processing therapy in order to complete the consultation process. If an intern is interested, one of the cases may be a couples therapy case (if available) or a therapy group co-lead with a staff member as approved by the Training Committee. An intern will receive one hour of individual supervision per week for the two therapy cases by a staff psychologist. The staff supervisor is selected by the intern based on his/her training interests and needs and the therapeutic orientations/expertise of supervisors. Guidance in supervisor selection is provided by the Psychotherapy Seminar Coordinator(s).

## **COMPREHENSIVE ASSESSMENT TRAINING**

As psychological assessment is a core competency, we believe that developing a strong foundation in assessment is part of our identity as psychologists. At the beginning of each year, interns will be assigned a comprehensive assessment supervisor who will oversee their comprehensive assessments throughout the year. They will maintain regular (bi weekly) supervision with interns in between cases, with an increase in supervision during active case completion. Comprehensive assessment will include evaluation of cognitive functioning, psychological/personality assessment, and risk/harm assessment. Ideally, these evaluations will be spaced to complete one per rotation period to allow for paced growth. A maximum of 2 per rotation is allowed to ensure that adequate time on rotation to acquire skills is ensured.

## **DIVERSITY EXPERIENCES**

In order to be responsive to our diverse patient population, we need to be fully responsive to and inclusive of diverse and capable staff and trainees. The James A Haley Veterans' Hospital Psychology Training Programs affirm our welcome of staff and trainees along the full spectrum of individual differences. We are committed to engaging individuals of historically under-represented backgrounds within our program. We have a diversity seminar planning committee within the psychology service that provides information and "lunch and learn" activities to trainees and staff alike on various topics related to diversity. The Diversity Seminar, hosted by the Psychology Diversity Planning Committee, provides an opportunity for trainees to learn about and discuss diversity issues that may not be commonly experienced in clinical rotations or seminars. Topics have included military culture, mental health issue in Latinx individuals, mental health needs

and barriers to treatment in transgendered individuals, and privilege and its effect on care delivery. We demonstrate respect and understanding of diversity via training we provide, including covering diversity issues in individual supervision, journal readings, etc.

Within the MH&BS Service, a Diversity and Inclusion Committee has been formed with multiple foci: addressing ongoing training needs of staff in the areas of diversity, equity, and inclusion; providing a safe space to have difficult discussions around diversity, equity, and inclusion; improving hiring and retention of diverse staff, dissemination of diversity-related information, and improving diversity-sensitive care for veterans.

The James A Haley Veterans' Hospital similarly values diversity in trainees and has several programs/initiatives to honor the diversity of our hospital staff. To this end, the hospital has established policy on promoting and honoring diversity and has developed a Diversity Inclusion & Advisory Council comprised of a Chair, Vice Chair (Hospital Associate Director); the EEO Manager, Cultural Competency Coordinator and the following Special Emphasis Program Managers: Federal Women's; Asian American/Pacific Islander Program; Hispanic Employment, African American Employment, Native American Employment, Persons with Disability Employment Program and the Lesbian, Gay, Bi-Sexual, Transgender, Queer, Straight Ally Program (LGBTQSA). The Council reviews and evaluates proposals and planned Special Emphasis Program Observances activities. The Diversity Inclusion & Advisory Council ensures that the specific planning events and activities are addressed as well as to include EEO & Diversity Inclusion training. Observance events include the African American/Black History Month (February 1-29), Women's History Month (March 1-31), National Disability Employment Awareness Month (October 1-31), Asian Pacific Heritage month (May), Native American Heritage Month (November) and LGBT Pride (June). Participation in the SEP observances benefits employees through increasing their personal awareness and developing cultural competencies throughout the year. The goal is to sustain a productive, diverse, and engaged workforce through our commitment to enhance employment, training and career advancement opportunities; allowing us to provide outstanding service to Nation's Veterans and their families. The JAHVH is also proudly one of 96 VA facilities to achieve the Human Rights Campaign's Healthcare Equality Index Leader status since 2013, proving that it promotes an equitable and inclusive care environment for LGBT patients, their families, and employees.

## RESEARCH

Research is a core competency. Demonstration of that competency may occur in a variety of ways including discussion/presentation with a supervisor, presentation at a local case conference, presentation at a professional meeting, and/or submission of a research project for publication. A number of Psychology Service staff maintain active involvement in clinical research, provide research consultation to other services within the VA and at the University of South Florida, serve on VA and USF research committees, provide reviews for a wide variety of professional journals, and serve on journal editorial boards. Interns who have already defended their dissertation are welcome, but not required, to collaborate in these research endeavors. Generally, intern participation consists of analyzing existing clinical data sets, reviewing literature, and designing future studies. Interns' clinical caseloads usually preclude any form of data collection. Involvement in research during the internship year typically requires an investment of hours during evenings or weekends. These research activities are optional and not part of any performance evaluations during the internship year. There is no protected time for research during internship.

Typically, one to three interns in any given intern class engage in some form of clinical research which usually results in authorship on a paper or poster presented at a national meeting (e.g., APA, INS, NAN, ABCT, American Pain Society, ISTSS, etc.) and/or on a publication in a refereed journal. Current research interests of psychology staff members are described in the staff bio sketches. Areas of current study include: Model Systems Longitudinal TBI, Sleep & TBI, PTSD & TBI, PTSD & Aggression, DBT Skills Training in Suicidal Veterans, Smoking Cessation, Chronic Pain, SCI & return to Functional status, Transcranial Magnetic Stimulation, and psychopharmacologic tracking in Primary Care.

## MENTORSHIP

Mentoring occurs at many levels in our program. First-line mentoring occurs with rotation supervisors. These supervisors assist the intern with training plan development as well as clinical and professional identity development. We also provide mentorship to the interns via our training administrators. Weekly meetings with the Training Director and Assistant Training Director allows for informal mentorship and discussion of professional and training related issues.

We also have a formal mentoring program which is mandatory for interns. This program provides an avenue for interns to discuss issues that are not necessarily pertinent to clinical/ professional topics (e.g. career choices/paths, personal matters) in a safe non-evaluative manner. This program provides acknowledgment that personal and professional factors are an important element of development as a psychologist. It provides a model for seeking mentorship in a professional

setting, where formalized mentoring relationships are not often present. Interns choose from among several self-selected mentors; they are required to meet at least once with their mentor.

## TIME COMMITMENTS

The internship is a minimum of 40 hours per week. At a minimum, interns have 2-4 hours of weekly supervision as part of their rotation, 1 hour of weekly supervision on their ongoing therapy cases, 2 hours of monthly supervision for their comprehensive assessment cases, and 1 hour of weekly group supervision with the TDs. Minimum total supervision time is 4 hours per week.

## STIPEND:

Annual stipend: \$26,297

## ROTATION DESCRIPTIONS

The following is a description of each major rotation available to interns. Other training experiences can be structured specific to the particular interests of an intern depending on availability at the clinical site, availability of adequate supervision, and approval by the Training Committee.

Category	Rotation
RP	Chronic Pain Psychology
RP	Community Living Center
CP	Geriatric Psychology Outpatient Clinic
HP	Health Psychology Specialty Clinics
NP	Inpatient Rehabilitation Neuropsychology (Acquired Brain Injury)
CP	Inpatient Psychology – ARC
NP	Memory Disorders Clinic/General Outpatient Neuropsychology
CP	Mental Health Clinic
TP	Military Sexual Trauma Outpatient Clinic
TP	Military Trauma - PTSD
RP	Polytrauma/TBI Transitional Rehabilitation
HP	Primary Care Clinic – Behavioral Health
RP	Spinal Cord Injury Rehabilitation
CP	Substance Use/Disorder Service (SUDS)
CP	Suicide Prevention Psychology
CP	Women's Health Center
Non-VA Off-site Rotation Options*:	
CP	Outpatient Collegiate Mental Health: University of South Florida Counseling Center
	Tampa General Hospital
HP	Acute/Trauma Care Psychology
RP	Pediatric Rehabilitation

Note: CP = Clinical Psychology, HP = Health Psychology, NP = Neuropsychology, RP = Rehabilitation Psychology, TP = Trauma Psychology; \*-External rotation options are subject to approval by OAA on an annual basis.



## CHRONIC PAIN PSYCHOLOGY

This rotation places high priority on providing interns with a broad-range of training experiences in evidence-based chronic pain therapy to develop competencies in the fundamentals of pain management in an outpatient and rehabilitation setting. Interns will gain skills in pain-related, biopsychosocial assessment, intervention, and interdisciplinary experience aimed at enhancing quality of life and functioning of patients with complex chronic pain. Interns will develop competency in individual and group psychotherapy such as Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), mindfulness-based interventions, and Acceptance and Commitment Therapy (ACT) for chronic pain. Opportunities are available for in-depth training in CBT-CP, including a CBT-CP didactic training seminar to support application of this approach to their outpatient cases. The rotation also includes exposure to our interdisciplinary chronic pain rehabilitation programs including the inpatient Chronic Pain Rehabilitation Program (CPRP) or our fully virtual Pain Empowerment Anywhere (PEAK) program. These programs are tertiary level, intensive, team-based treatments focused on empowering Veterans and Service members through implementing learned exercises, skills, and techniques to improve functioning and quality of life. The interdisciplinary team is comprised of psychologists, a physician, nurse practitioners, nursing, physical therapists, occupational therapists, recreation therapists, vocational rehabilitation specialists, and social work. As part of this unique experience, interns will have exposure to team activities (e.g., staffing, team review) and observe patients in their programming. Regarding comprehensive assessment opportunities, interns may elect to observe and conduct a Spinal Cord Stimulator psychological evaluation involving a comprehensive testing battery and integrated report. Interns participate and attend pain-focused didactics while on the rotation, and will also conduct a case presentation as a part of our pain didactic series.

### Unique Aspects of the Rotation

- In-depth experience with evidence-based approaches for chronic pain; opportunity to attend a CBT-CP seminar led by Dr. Nicolle Angeli (CBT-CP Regional Trainer)
- Participate in a pain education group that introduces patients to the biopsychosocial model of pain, provides information on active chronic pain modalities offered at JAHVA, and connects patients to pain-related services depending on their interest and goals
- Opportunity to observe the salient impact of pain treatment within an interdisciplinary pain team on patients with severe and long-standing chronic pain
- Exposure to a program that uses a range of behavioral techniques (e.g., operant conditioning, cognitive behavioral therapy, reinforced practice, compliance monitoring, traditional therapy and assessment, etc.) to promote behavior change.
- Familiarity with a wellness approach to the treatment of chronic medical problems that emphasizes patient responsibility for health and progress.
- Familiarity with a wide range of medical disorders that have chronic pain as a component.

### **By the end of the rotation, the intern will:**

1. Demonstrate knowledge regarding the fundamental concepts of chronic pain, rehabilitation model, and evidenced-based treatments for chronic pain.
2. Gain proficiency in conducting pain screening evaluations and generating appropriate determinations regarding patient's eligibility for pain rehabilitation and treatment recommendations based upon the patient's presenting problems and needs.
3. Demonstrate competence in the interpretation and integration of information derived from clinical findings, behavioral observations, pain testing batteries, and the MMPI-2-RF.
4. Demonstrate the ability to produce accurate and concise psychological reports and notes that clearly conceptualize presenting problems and convey the rationale for the treatment plan.
5. Demonstrate the ability to effectively deliver cognitive behavioral treatments in individual and group-based formats.
6. Demonstrate an ability to work and consult effectively with members of an interdisciplinary treatment team.

### **Competency areas addressed via:**

1. Research: Interns will review and discuss foundational chronic pain literature in supervision and are expected to seek out additional literature to enhance their knowledge base in areas that are weaker. Interns will also attend and participate in the Pain Didactic Seminar Series, in which journal articles pertinent to chronic pain will be discussed.
2. Ethical and Legal Standards: Interns will demonstrate knowledge of ethical, legal, and professional standards pertinent to the practice of psychology and chronic pain population. Interns will identify and discuss ethical issues that arise in their work with patients with chronic pain.

3. Individual and Cultural Diversity: Interns will demonstrate an awareness of one's own culture/ethnic identity, beliefs, and biases and the ways in which they may impact patients. Interns will consult and initiate discussion about diversity issues with staff and in supervision and complete related readings on the rotation to enhance their diversity knowledge base. Interns will be expected to apply knowledge and skills related to individual and cultural differences with the patients they evaluate and treat.
4. Professional Values and Attitudes: Interns will conduct themselves in a professional manner in their interactions with supervisors, staff, interdisciplinary treatment team members, patients and families, and other trainees. Interns are expected to demonstrate self-direction to expand upon their knowledge and skills related to cognitive behavioral therapy for chronic pain and a commitment to seeking out additional supervision when appropriate to refine and enhance professional skills.
5. Communication and Interpersonal Skills: Interns will demonstrate effective communication with providers, treatment team members, patients, and families. Interns will present cases in interdisciplinary staffing and screening clinic and develop skills of providing concise and effective conceptualizations, assessment feedback, and appropriate recommendations to providers. Interns will also develop competence in explaining MMPI-2-RF test results to patients.
6. Assessment: Interns will conduct brief pain screening evaluations to determine patients' appropriateness for pain rehabilitation and develop appropriate treatment plans for patients. Interns will obtain experience in providing feedback to patients on assessment measures, including the MMPI-2-RF. Interns will be expected to interpret and integrate assessment findings from the clinical interview, pain test battery, and MMPI-2-RF to develop accurate and useful diagnostic formulations, biopsychosocially-based case conceptualizations, and treatment plans for rehabilitation.
7. Intervention: Interns will provide brief, primarily CBT-based interventions with patients during pain rehabilitation programming based upon biopsychosocial assessments and focused on addressing barriers to rehabilitation and maximizing engagement in treatment. Interns are expected to effectively plan and implement interventions with patients, monitor treatment progress, and flexibly adapt treatment to patient needs. Interns will also lead chronic pain psychoeducational groups and work towards developing group facilitation skills.
8. Supervision: Interns will learn about the practice of supervision and different supervisory models. Opportunities for peer supervision may be available with fellow trainees on rotation.
9. Consultation and Interprofessional/Interdisciplinary Skills: Interns will develop competency in their role as a consultant on this rotation and determining situations in which consultation is indicated. Interns will effectively consult and collaborate with other disciplines and team members on cases during pain rehabilitation programming, in interdisciplinary staffing, and screening clinics to facilitate case conceptualizations and treatment planning.

## COMMUNITY LIVING CENTER

The Community Living Center (CLC) provides services to Veterans who require long-term care (LTC) and short-term rehabilitation (STR). The rotation offers an excellent opportunity to learn how to be an effective member of an interdisciplinary team, while working with a medically complex, primarily geriatric, Veteran population.

CLC residents present with a variety of concerns, including: anxiety, depression, adjustment disorders, challenging behaviors, chronic psychiatric illnesses, and a range of cognitive disorders. Although the majority of Veterans residing at the CLC are considered geriatric (over age 65); it is not uncommon for somewhat younger Veterans to be admitted for short-term rehabilitation. Those previously admitted for LTC stay indefinitely, while our STR residents are here for up to 90 days. Of note, the CLC no longer admits Veterans for LTC and is transitioning toward an entirely STR population. However, at present, approximately 50% of our residents are here for LTC.

Interns will have the opportunity to provide psychological and cognitive evaluation services, as well as brief psychotherapy. Psychological interventions employed include supportive, cognitive-behavioral, motivational interviewing, acceptance and commitment, and problem solving therapies. Behavioral and environmental interventions are also provided for individuals with dementia or other cognitive disorders. Brief family therapy/support opportunities may also be available. Cognitive evaluations at the CLC are conducted to evaluate decision-making and independent living capacity, clarify diagnosis (e.g., dementia/depression/delirium, identify type of dementia), evaluate rehabilitation potential, and monitor cognitive status during rehabilitation. Supervision will focus on adapting assessment and psychotherapy intervention to this unique setting and the needs of older adults.

Interns will frequently interact with staff from multiple disciplines in clarifying consult requests, reviewing residents' functioning, and formulating care plans (e.g. disruptive behavior management plans). If time/scheduling permits, there may be opportunities to partake in additional activities, such as weekly medical rounds, interdisciplinary team meetings, and family meetings (Wednesdays). There may also be an opportunity to provide education to nursing staff on topics such

as behavioral management of disruptive behaviors, and the opportunity to learn about administrative tasks of a CLC psychologist, including national SAIL metrics and quality and improvement measures/goals of the CLC.

Overall, this rotation provides a well-rounded experience in the provision of psychological services in a unique interdisciplinary setting with a primarily older Veteran population.

By the end of the rotation, interns in the Community Living Center will be proficient in:

1. Evaluate patients to assess presenting problems, psychosocial history, and current and historical medical and mental health problems and treatment. Offering an appropriate diagnosis based upon current diagnostic criteria.
2. Demonstrate interviewing and counseling skills including conceptualization, developing rapport, showing empathy, active listening, re-direction, limit setting, de-escalation, etc.
3. Demonstrate proficiency in the administration, scoring, and interpretation of objective psychological and cognitive measures.
4. Demonstrate ability to integrate results of psychological testing into coherent reports regarding differential diagnosis of co-occurring psychiatric disorders, medical problems and cognitive impairment.
5. Select and utilize appropriate brief evidenced-based therapeutic techniques including but not limited to MI, ACT, CBT, PST, etc.
6. Demonstrate ability to work effectively with interdisciplinary treatment teams and effectively consult with other health care professionals i.e. determining need for medication evaluation by psychiatry prescribers, determining appropriate consults for specialized services, and learning to appreciate and respect alternate points-of-view.

**Core Profession-Wide Competency** acquisition on this rotation will be accomplished in the following ways:

- **Research**: The intern will perform literature reviews on cases where their knowledge base is weaker, and will be partially responsible for selecting and evaluating rotation pertinent journal articles in preparation for discussion in supervision. Occasional discussions regarding potential research methods/protocols that may address gaps or inconsistencies in the literature relative to the rotation are expected. Interns will also be encouraged to attend dementia boards where research-support case studies are presented by a variety of disciplines.
- **Ethical and Legal Standards**: The intern will demonstrate knowledge of the applicable ethical and legal standards, including VA-specific regulations, as they are pertinent to Geropsychology, the CLC, and cognitive assessment. These may include assessment of capacity (e.g., decisional capacity, financial capacity, etc.), to provide guidance to consultees on determination of competency, use of DPOAHC surrogate, etc. The intern will be able to identify and discuss potential ethical dilemmas in an aging and cognitively compromised population, and as a member of an interdisciplinary team.
- **Individual and Cultural Diversity**: The intern will demonstrate awareness and knowledge of their own personal and cultural history/attitudes/biases and the ways in which those may intersect with that of the veterans evaluated and treated. In addition, discussion of individual and cultural differences on the part of the patient will be a component of every psychodiagnostic evaluation, and case conceptualization that encompasses cultural differences. Particular emphasis will be placed on understanding stigma and stereotypes associated with older adults, as well as understanding differences across Veteran cohorts.
- **Professional Values and Attitudes**: The intern will demonstrate appropriate decorum and professionalism as it relates to professional identity and interaction with other trainees, staff, supervisors, patients/families and consultees. Interaction with other allied health care disciplines, including attendance and participation in team meetings will offer opportunities for appropriate demonstration of professionalism. The intern will be provided with scheduled individual supervision, but will be afforded an "open-door" policy for seeking appropriate supervision on their own.
- **Communication and Interpersonal Skills**: The intern will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, communication of findings, treatment plan/goals and treatment progress to team members, patients, families, and other staff. The intern will be expected to present cases in supervision meetings, and will hone their skills in concise case presentation and discussion of potential differentials and other assessment related issues. Development of effective feedback skills as it relates to informing Veteran of cognitive status, or exploring additional supports as aging and functional related concerns increase, are a focus of this rotation.
- **Assessment**: The intern will be expected to conduct new patient interviews to assess presenting problems, psychosocial history, and current and historical medical and mental health problems and treatment. The intern will also be expected to offer an appropriate diagnosis based upon current diagnostic criteria and document findings in a thorough evaluation note. A key component of this rotation is in identifying medical or psychiatric symptoms that may be caused by age related reactions to medications. The intern will be expected to learn how to select appropriate screening instruments to monitor symptoms including cognitive disorders, depression, and anxiety and will administer instruments per standardized instructions.

- **Intervention:** Interns will demonstrate effective building of rapport in initial psychodiagnostic assessment and ongoing treatment.
- **Supervision:** Interns will learn ways in which to provide supervision via discussion and role-play during individual and group supervision. The intern will be able to practice peer supervision with other trainees during case presentations. Models of supervision will be discussed and various approaches will be demonstrated through simulated practice.
- **Consultation and Interprofessional/Interdisciplinary Skills:** Consultation models and practices will be discussed and the intern will be expected to participate in direct consultation with patients and families verbally and via written reports. Consultation with referral sources via written reports and participation in meetings will also be an expectation and focus for growth throughout this rotation. Interns will also attend other presentations pertinent to CLC and geropsychology services (e.g., hospital-wide Dementia Boards, health psychology seminar, etc.) where interprofessional communication and delivery of geropsychology-specific knowledge will be demonstrated.

## **GERIATRIC PSYCHOLOGY OUTPATIENT CLINIC**

The Geriatric Psychiatry Outpatient Clinic is designed to meet the unique care needs of older veterans, including psychological issues related to aging, health, and/or cognitive status. The minimum age for patients referred to this service is generally considered to be 65 years, although exceptions are made for veterans requiring care for age-related concerns.

Presenting problems vary by patient but tend to include mood disorders, anxiety, adjustment reactions to life stressors, and cognitive difficulties. A smaller subset of patients experience psychosis, exhibit personality disorders, or require crisis intervention. New patient evaluations involve a complete and extensive evaluation of the biological, social, and psychological factors that affect the patient's mental health. Psychological interventions employed in the Geriatric Psychiatry Outpatient Clinic include supportive, interpersonal, cognitive-behavioral, motivational interviewing, problem solving, and supportive/psychoeducational group therapies, as well as support for dementia- and other caregiver-related stress.

The psychology intern assigned to the Geriatric Psychiatry Outpatient Clinic completes new patient evaluations, administers brief cognitive screening and other appropriate psychological tests, conducts individual psychotherapy, facilitates or co-facilitates group psychotherapy, and consults with geriatric mental health professionals. Supervision of psychotherapy cases will include a focus on the application of interventions to meet the unique needs of older adults. Opportunities to attend population-specific meetings and didactics will be available. Rotation responsibilities and caseload requirements have not changed during the COVID-19 pandemic, other than all services being rendered via Telehealth platforms (VA Video Connect, Doximity, Telephone and Zoom sessions, etc.).

### **By the end of the rotation, the intern will be proficient in:**

1. Evaluating patients via new patient interviews to assess presenting problems, psychosocial history, and current and historical medical and mental health problems and treatment. Offering an appropriate diagnosis based upon current diagnostic criteria
2. Interviewing and counseling skills including conceptualizing cases, developing rapport, showing empathy, listening actively, re-directing patients to remain on topic, setting limits, de-escalating agitated patients, etc.
3. Administering, scoring, and interpreting psychological instruments including those used to screen for cognitive impairment
4. Integrating results from psychological testing into coherent reports that detail co-occurring psychiatric disorders, medical problems, and cognitive functioning
5. Co-facilitating psychotherapy groups appropriate for the needs of an older adult population (e.g., bereavement, cognitive skills, anger management)
6. Selecting and utilizing appropriate evidenced-based therapeutic techniques including but not limited to MI, CBT, IPT, PST, etc.
7. Working effectively with multidisciplinary treatment teams, effectively consulting with other health care professionals (i.e., determining need for specialized services including medication evaluation and neuropsychological evaluation), and learning to appreciate and respect alternate points-of-view.

### **Competency areas addressed via:**

1. **Research:** The intern will participate in journal club meetings (e.g., with geropsychologists, with interdisciplinary team) where both historical and recent literature that is pertinent to geropsychology, geropsychiatry, geriatric medicine and recent cases will be discussed. The intern is partially responsible for selecting, evaluating, and disseminating articles in preparation for discussion. In addition, the intern will be responsible for performing literature reviews on cases where their knowledge base is weaker. Occasional discussions regarding potential



research methods/protocols that may address gaps or inconsistencies in the literature relative to the rotation are expected.

2. **Ethical and Legal Standards:** The intern will demonstrate knowledge of the applicable ethical and legal standards, including VA-specific regulations, as they are pertinent to geropsychology and cognitive assessment. These may include assessment of capacity (e.g., decisional capacity, financial capacity), use of DPOAHC surrogate, etc. The intern will be able to identify and discuss potential ethical dilemmas among an aging and cognitively-compromised population.
3. **Individual and Cultural Diversity:** The intern will demonstrate awareness and knowledge of their own personal and cultural history/attitudes/biases and the ways in which those may intersect with that of the veterans evaluated and treated. In addition, discussion of individual and cultural differences on the part of the patient will be a component of every psychodiagnostic evaluation and case conceptualization. Particular emphasis will be placed on understanding stigma and stereotypes associated with older adults as well as understanding differences across Veteran cohorts.
4. **Professional Values and Attitudes:** The intern will demonstrate appropriate decorum and professionalism as it relates to professional identity and interaction with other trainees, staff, supervisors, patients/families and consultees. Interaction with other allied health care disciplines, including attendance and participation in team didactics (e.g., ABI Journal Club) will offer opportunities for appropriate demonstration of professionalism. The intern will be provided with scheduled individual and group supervision, but will be afforded an “open-door” policy for seeking appropriate supervision on their own.
5. **Communication and Interpersonal Skills:** The intern will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, communication of findings, treatment plan/goals, and treatment progress to team members, patients, families, and other staff. The intern will be expected to present cases in supervision meetings and case presentations, during which differential diagnoses and other assessment related issues will be discussed. Developing effective feedback skills while informing Veteran of cognitive status or exploring additional supports will be a focus of this rotation.
6. **Assessment:** The intern will be expected to conduct new patient interviews to assess presenting problems, psychosocial history, and current and historical medical and mental health problems and treatment. The intern will also be expected to offer an appropriate diagnosis based upon current diagnostic criteria and document findings in a thorough evaluation note. A key component of this rotation will be the identification of medical or psychiatric symptoms that may be caused by age related reactions to medications. The intern will learn to select appropriate screening instruments to monitor symptoms including cognitive disorders, depression, and anxiety and will administer instruments per standardized instructions.
7. **Intervention:** Interns will demonstrate effective rapport-building skills during psychodiagnostic assessment and throughout treatment.
8. **Supervision:** Interns will learn ways in which to provide supervision via discussion and role-play during individual and group supervision. The intern will practice peer supervision with other trainees during case presentations. Models of supervision will be discussed and various approaches will be demonstrated through simulated practice.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Consultation models and practices will be discussed and the intern will be expected to participate in direct consultation with patients and families verbally and via written reports. Interns will consult with referral sources via written reports and will participate in Team Meetings throughout this rotation. Interns will also attend presentations pertinent to geropsychology services (e.g., hospital-wide Dementia Boards, health psychology seminar, geropsychiatry team meetings) where interprofessional communication and delivery of geropsychology-specific knowledge will be demonstrated.

## **HEALTH PSYCHOLOGY SPECIALTY CLINICS:**

The Health Psychology Specialty Clinics rotation allows interns to gain a variety of health psychology experiences within specialty areas of medical interventions. Included in this rotation is a focus on both primary and secondary prevention of disease using evidence-based treatments provided through interdisciplinary, as well as individual and group psychology clinics. Components of the rotation include the following:

### Transplant Clinic

Interns will have the opportunity to be involved in psychological evaluation of pre-transplant candidates (kidney, liver, lung, and heart) part of a larger protocol required for transplant candidacy within the VA system. Interns will assess: psychiatric and substance use history, current mental and emotional stability, adherence history, caregiver/social support, cognitive functioning via brief neuropsychological screening, and patient's understanding of the transplant process. Interns may also have the opportunity to provide feedback to multidisciplinary members of the transplant committee.

### Cardiac Rehabilitation

The outpatient Cardiac Rehabilitation program is delivered by a multidisciplinary team with representation from Cardiology, Physical Therapy, Nutrition, and Psychology. The goal of the program is to assist veterans to increase their physical fitness, reduce cardiac symptoms, improve health and quality of life, and reduce the risk of future cardiac events. Veterans participate in a group-based 12-week intensive lifestyle intervention, with structured nutrition, physical activity and behavioral modification elements. Interns will conduct brief evaluations with each patient prior to enrollment to assess motivation and readiness for change, cognitive functioning, and screen for mental health concerns. There is an opportunity to lead a weekly behavioral therapy group (with a focus on identifying barriers to change, problem-solving, and improved coping) and participate in weekly case management meetings.

### Psychology Gastrointestinal (GI) Clinic

The Psychology GI Clinic provides assessments and psychological treatment recommendations for patients with gastrointestinal diseases (e.g., Irritable Bowel Diseases) and assessments of potential roadblocks to treatment adherence in patients with Hepatitis C who have risk factors for non-adherence. Interns will: 1) assess for pre-treatment relevant concerns, including substance use, suicidality, health literacy, and history of medical adherence, 2) collaborate closely with specialty medicine team members to discuss strategies for increasing treatment adherence, 3) provide brief assessment and intervention for substance use and mood disorders, and 4) refer patients to appropriate mental health treatment programs as needed.

#### **By the end of the rotation, the intern will:**

1. Communicate and work effectively with an interprofessional medical specialty team to coordinate patient care.
2. Demonstrate basic knowledge of diseases related to sleep, kidney, lung, heart, and the GI system, including relevant risk factors as well as appropriate medical treatments.
3. Conduct pre-treatment psychological screening using evidence-based assessment procedures.
4. Provide brief evidence-based health behavior interventions. Learn basic client-centered and motivational interviewing skills and begin to apply them during interviews and health psychology interventions.
5. Participate in decisions related to appropriate referrals.

#### **Competency areas addressed via:**

1. Research: Interns will have the opportunity to 1) read and evaluate peer-reviewed journal articles or book chapters and participate in discussion of same during supervision, 2) present information regarding a complicated and/or unknown subject related to a clinical presentation seen on rotation, 3) collaborate on supervisors' research projects as available (e.g., book chapters).
2. Ethical and legal standards: Interns will verbalize and consider ethical principles when faced with high-risk patients (e.g. respect for autonomy vs. involuntary examination), maintain confidentiality, and seek supervision for ethical dilemmas. Interns will also receive additional training in specific areas of ethics such as Florida Laws and Rules as related to involuntary examination, and will be encouraged to present case examples related to ethical issues at Health Psychology Seminar.
3. Individual & Cultural Diversity: Interns will discuss cultural/diversity factors as they present in their patients during supervision. Interns and supervisors will also discuss these factors as they apply to themselves and to the supervisory relationship. Supervisor-selected diversity readings will be dispersed throughout the rotation. Interns will have the opportunity to present on and/or attend presentations in health psychology seminar focused on diversity.
4. Professional values, attitudes and behaviors: Interns will engage in ongoing self-assessment about skill improvement with their supervisors, show increased independence in decision-making, participate in interprofessional education, and have increased autonomy in consultation with medical teams.
5. Communication and Interpersonal Skills: The intern will demonstrate effective verbal and written communication skills. This will include establishing rapport and using client-centered communication with patients, providing verbal feedback to interdisciplinary staff that is both clear and concise, and completing written comprehensive reports using medical records, assessment interviews, and assessment instruments. The intern will hone their skills in concise case presentation and discussion of potential differentials and other assessment related issues.
6. Assessment: Interns administer, interpret, and provide written feedback via formal report of assessment measures (e.g., PHQ-9, GAD-7, PAI, MMPI-2-RF, MoCA) and in communication with other professionals on the interdisciplinary team. Interns also use assessments to inform both case conceptualization and decision-making in terms of treatment planning/referral to specialty clinics.
7. Intervention: Interns provide brief, problem-focused interventions targeting health behaviors related to weight management, sleep hygiene, tobacco and substance use, and treatment adherence.
8. Supervision: Interns discuss and role-play supervisory experiences during supervision.
9. Consultation and interprofessional/interdisciplinary skills: Interns have the opportunity to participate in multidisciplinary cardiac rehabilitation team and transplant committee meetings. Interns will also communicate

with interdisciplinary teams in the GI clinic (e.g., shadow medical team members during appointments, discuss available medical treatments, and provide feedback to medical teams).

## **INPATIENT REHABILITATION NEUROPSYCHOLOGY (ACQUIRED BRAIN INJURY)**

This rotation involves participating in a multidisciplinary approach to assessment and rehabilitation of (primarily) individuals with polytrauma and brain injuries of all severities (i.e., mild, moderate, severe, disorders of consciousness). This rotation primarily includes evaluation of inpatients in the acute polytrauma rehabilitation program. Tampa VAMC is one of five lead VAMCs TBI and Polytrauma rehabilitation centers (<http://www.polytrauma.va.gov/>). These lead sites are also involved in a Department of Defense funded TBI program, DVBIC ( <http://www.dvbic.org/>) and the VA TBI Model Systems program (<https://www.polytrauma.va.gov/PolytraumaCenterDatabase/index.asp>).

The majority of this rotation involves training consistent with the typical duties of a neuropsychologist working within an acute rehabilitation setting. Patient populations include: traumatic brain injury, polytrauma, stroke, anoxia, and occasionally infectious encephalopathies and brain tumor. Active duty military service members as well as veterans with complex injuries are treated on this unit. Cases on this unit are typically acute and/or severe in nature, and as a result, lengths of stay are often longer compared to those on the General Rehab Unit. Neuropsychologists are involved in the assessment and treatment of these patients and are core team members on multidisciplinary treatment teams. Interns will have opportunities to gain experience in serial monitoring, cognitive assessment, capacity evaluations, behavioral management, brief intervention, group therapy, and provision of feedback. The rotation will also include occasional outpatient evaluations referred primarily from our Polytrauma Network Site (PNS), which is housed in the Physical Medicine & Rehabilitation Service.

There will also be opportunities to provide neuropsychological services and brief intervention to veterans receiving care within the general rehabilitation unit. This 19-bed unit admits a wide variety of medical populations for rehabilitation due to injuries suffered as a result of stroke (and other vascular/neurological insults), cardiac concerns, amputations, orthopedic injuries, or other complex medical conditions that have left them debilitated/deconditioned. While medical diagnoses are diverse, the majority of patients are male veterans ranging in age from 50-80 years old. Average length of stay is 3 weeks.

The assessment protocol consists of a clinical interview (with patients and/or family) and a clinically-oriented, flexible battery of neuropsychological instruments that is typically supplemented with additional measures to address particular clinical questions. There is also frequent use of behavioral neurology tasks and measures to serial monitor confusion and behavior. General clinical referrals typically result in an assessment of the cognitive and behavioral deficits resulting from brain dysfunction, the residual cognitive strengths for rehabilitation and vocational planning purposes, and personality and emotional adjustment issues that may impact treatment participation.

A typical evaluation involves reviewing the chart for relevant history, conducting a careful clinical interview, noting relevant behavioral observations, conducting the evaluation using a variety of neuropsychological tests/tools, scoring the tests and looking up the demographically-adjusted norms, interpreting the results, writing an integrated report, and providing feedback to the patient (and family). While workload fluctuates within a rehabilitation setting, interns are expected to perform 1-2 evaluations per week and may also be involved in 1-2 serial monitoring/behavioral management cases.

This rotation will also include brief intervention experience consistent with the typical responsibilities of a neuropsychologist working within a rehabilitation setting. Interns will work alongside staff neuropsychologists to identify potential barriers to a patient's rehabilitation efforts (e.g., sleep disturbance, pain, appetite changes, premorbid mental health difficulties, acute emotional distress, personality characteristics, cognitive impairments), develop treatment plans to minimize these barriers, and engage in brief interventions to address normative emotional adjustment to disability difficulties. Interns are expected to follow one veteran at a time during their admission for intervention.

In addition to neuropsychological assessments and brief intervention, interns will observe other disciplines (e.g., PT, OT, SLP, RT) and participate in weekly multidisciplinary treatment team meetings. There may be opportunities to attend community reintegration outings. There is also the opportunity to participate in various group activities led by neuropsychologists for patients, families, and/or staff. Lastly, opportunities for behavioral management intervention and capacity evaluations will be available.

### **By the end of the rotation the intern will be able to:**

1. State the rationale underlying the selection of various neuropsychological tests and other assessment methods for use with individuals with different severities of TBI and other forms of acquired brain injury.

2. Perform neuropsychological evaluations utilizing standardized instruments in a flexible-adjustive, clinically-guided approach, and incorporate “process” observations into the interpretive endeavor.
3. Produce a quality written, integrated neuropsychological report that provides functional and practical information to the rehabilitation team and includes appropriate recommendations.
4. Identify and describe common neurobehavioral syndromes or clinical problems that occur in individuals with acquired brain injury.
5. Function effectively as a consultant to other health care providers in relation to psychological, social, and emotional issues associated with brain injury.
6. Cite the major literature on common cognitive, behavioral, emotional, personality, and psychosocial issues related to brain injury and polytrauma (this would include being knowledgeable of the Veterans Health Initiative on Traumatic Brain Injury:  
<https://www.publichealth.va.gov/docs/vhi/traumatic-brain-injury-vhi.pdf>

**Core Profession-Wide Competency** acquisition on this rotation will be accomplished in the following ways:

- **Research:** The intern will participate in journal club meetings (e.g. with neuropsychology team, with multidisciplinary team) where both historical and recent literature that is pertinent to neuropsychological syndromes, acquired brain injury (ABI), rehabilitation, and recent cases will be discussed. The intern is partially responsible for selecting, evaluating, and disseminating articles in preparation for discussion. In addition, the intern will be responsible for performing literature reviews on cases where their knowledge base is weaker. Occasional discussions regarding potential research methods/protocols that may address gaps or inconsistencies in the literature relative to the rotation are expected.
- **Ethical and Legal Standards:** The intern will demonstrate knowledge of the applicable ethical and legal standards, including VA-specific regulations, as they are pertinent to neuropsychological assessment. These may include assessment of capacity (e.g., decisional capacity, financial capacity, etc.) to provide guidance to consultees on determination of competency. The intern will be able to identify and discuss potential ethical dilemmas in a cognitively compromised population.
- **Individual and Cultural Diversity:** The intern will demonstrate awareness and knowledge of their own personal and cultural history/attitudes/biases and the ways in which those may intersect with that of the veterans evaluated. In addition, discussion of individual and cultural differences on the part of the patient will be a component of every neuropsychological evaluation, from appropriate test/norms selection to conceptualization that encompasses cultural differences.
- **Professional Values and Attitudes:** The intern will demonstrate appropriate decorum and professionalism as it relates to professional identity and interaction with other trainees, staff, supervisors, patients/families and consultees. Interaction with other allied health care disciplines, including attendance and participation in interdisciplinary team meetings will offer opportunities for appropriate demonstration of professionalism. The intern will be provided with scheduled individual and group supervision but will be afforded an “open-door” policy for seeking appropriate supervision on their own.
- **Communication and Interpersonal Skills:** The intern will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, communication of findings to team members, patients, families, and other staff. The intern will be expected to present cases in supervision meetings and will hone their skills in concise case presentation and discussion of potential differentials and other assessment related issues. Development of effective neuropsychological feedback skills is also a focus of this rotation.
- **Assessment:** The key training emphasis on this rotation is on a process-oriented, flexible/adjustive approach to neuropsychology (flexible fixed-core battery approach). In this approach, the intern will be expected to select test instruments to provide cognitive ability data relevant to the specific hypotheses formulated for the individual case. The interns will be expected to complete an average of two to four evaluations and reports each week. These will include a combination of comprehensive evaluations and serial monitoring.
- **Intervention:** Interns will demonstrate effective building of rapport as it relates to the evaluation venue. A focus of this rotation will be on development of effective neuropsychological intervention skills utilized in delivering feedback in a sensitive and clinically appropriate manner. Understanding and identifying patient and family characteristics that may interfere with understanding or acceptance of information will be a specific skill developed throughout this rotation. The intern will learn ways in which to modify or adapt their approach to neuropsychological evaluation and/or delivery of feedback in relation to challenges in the therapeutic relationship. Implementation of brief interventions to address adjustment to disability and decrease rehabilitation barriers will also be a goal of this rotation (caseload of 1 veteran). As available, the intern will also co-lead ABI psychoeducation group and Psych'd emotional support group.



- **Supervision:** Interns will learn ways in which to provide supervision via discussion and role-play during individual and group supervision. The intern will be able to practice peer supervision with other trainees during clinic rounds. Models of supervision will be discussed and various approaches will be demonstrated through simulated practice.
- **Consultation and Interprofessional/Interdisciplinary Skills:** Consultation models and practices will be discussed, and the intern will be expected to participate in direct consultation with patients and families verbally and via written reports. Consultation with referral sources via written reports and participation in Team Meetings will also be an expectation and focus for growth throughout this rotation. Interns will also attend clinic rounds and other presentations pertinent to neuropsychology services (e.g., hospital-wide Dementia Boards) where interprofessional communication and delivery of neuropsychology-specific knowledge will be demonstrated.

## **INPATIENT PSYCHOLOGY – Acute Recovery Center**

This rotation involves working in the Acute Recovery Center (ARC). Psychological duties involve: 1) psychological interview and assessment; 2) provision of treatment, including brief individual counseling and group therapy; and 3) integration of psychological services into multidisciplinary health care teams. This rotation is geared towards interns interested in the evaluation and treatment of individuals with severe and persistent mental illness, crisis intervention, and crisis stabilization.

ARC: The ARC is a 40 bed inpatient unit that provides a short term, acute crisis stabilization program at the Tampa VA hospital with an average length of stay being three to seven days. Diagnoses include a broad range of psychopathology including psychoses, mood disorders, PTSD, dementias, personality disorders, and addictions. Supervised training experiences are provided in:

1. Exposure to patients in acute states of crisis and mental illness including:
  - psychotic disorders
  - mood disorders
  - trauma disorders
  - mood disorders
  - personality disorders
  - substance use disorders
  - cognitive disorders
2. Psychological assessment to aid in differential diagnosis of co-occurring psychiatric disorders and treatment planning. Evaluations typically include:
  - extensive review of records;
  - administration of clinical interviews;
  - objective personality tests (e.g. PAI, MMPI-2-RF, etc.);
  - consultation with family;
  - therapeutic feedback to patient and family;
  - integrated report writing.
3. Group psychotherapy and facilitation of psycho-educational groups
  - group facilitation skills;
  - limit setting.
4. Brief supportive counseling focusing on primary therapy factors and using orientations such as Motivational Interviewing, DBT, CBT, etc.
  - crisis intervention strategies;
  - enhancement of coping skills;
  - treatment involvement/compliance;
  - grief counseling;
  - trauma management;
  - relationship issues including couples and family interventions.
5. Participation in multidisciplinary treatment teams and interdisciplinary consultation. Interns will:
  - define the limits of being a consultant;
  - provide appropriate and concise answers to referral questions;
  - work appropriately with other disciplines and appreciate their points-of-view.

### **By the end of the rotation the intern will be able to:**

1. Demonstrate interviewing and counseling skills including conceptualization, developing rapport, showing empathy, active listening, re-direction, limit setting, de-escalation, etc.
2. Demonstrate proficiency in the administration, scoring, and interpretation of objective psychological instruments.

3. Demonstrate accurate diagnostic skills, based largely on clinical interview, with appropriate treatment recommendations/plans.
4. Demonstrate ability to integrate results of psychological testing into coherent reports regarding differential diagnosis of co-occurring psychiatric disorders and treatment planning.
5. Demonstrate skills needed to co-lead psycho-educational groups including imparting information, encouraging participation, limit setting, etc.
6. Demonstrate ability to work effectively with multidisciplinary treatment teams and effectively consult with other health care disciplines by defining and learning the limits of being a consultant, being able to provide concise answers to referral questions, and learning to appreciate and respect alternate points-of-view.

**Competency areas addressed via:**

1. Research: Interns will perform literature reviews on cases where their knowledge base is weaker, read and evaluate journal articles or book chapters during supervision; and may participate in hospital journal clubs.
2. Ethical and legal standards: Interns will demonstrate knowledge of the applicable ethical and legal standards, including VA-specific regulations, as they pertain to inpatient mental health treatment and psychological interventions. These may include Baker Act laws, assessment of capacity, confidentiality, etc. Interns will be able to identify and discuss potential ethical dilemmas occurring in an inpatient psychiatric population during supervision.
3. Individual & Cultural Diversity: Interns will interact with a wide range of patients with cultural/diversity factors discussed in supervision. Discussion of individual and cultural differences on the part of the patient will be a component of psychological evaluations and therapy, from appropriate test/norms selection to conceptualizations that encompasses cultural differences. Relevant supervisor-selected diversity readings will be dispersed throughout the rotation to be discussed in supervision. Additionally, interns will demonstrate awareness and knowledge of their own personal and cultural history/attitudes/biases and the ways in which those may intersect with that of their patients.
4. Professional Values and Attitudes: Interns are active in supervision with ongoing discussion about skill improvement; show increased independence in decision-making; and provide increased interprofessional education and consultation with multidisciplinary treatment team staff. Interns will demonstrate appropriate decorum and professionalism as it relates to professional identity and interaction with other trainees, staff, supervisors, patients/families and consultees. Interns will be provided with scheduled individual and group supervision, but will be afforded an “open-door” policy for seeking appropriate supervision on their own.
5. Assessment: Interns will select, administer, interpret, and provide feedback of brief screening measures (3MS, PCL-5, etc.) and personality assessment (MMPI-2-RF, PAI, etc.); include scores and interpretation in reports and in communication with other professionals on the interdisciplinary team; and use assessments to inform case conceptualization, differential diagnosis, treatment planning, and referral to specialty clinics.
6. Intervention: Interns provide brief, problem-focused interventions for mild to severe mental health issues including management of suicidality, emotional regulation, interpersonal effectiveness, distress tolerance, mindfulness, stress-management, coping skills, grief management, motivation for change and other issues relevant to an inpatient population. Interns will also demonstrate effective rapport building as it relates to leading psychoeducation groups and conducting psychological evaluations. A focus of this rotation will be on development of effective psychological intervention skills utilized in delivering feedback in a sensitive and clinically appropriate manner; understanding and identifying patient characteristics that may interfere with understanding or acceptance of information; and learning ways in which to modify or adapt their approach to psychological evaluation and/or delivery of feedback in relation to challenges in the therapeutic relationship.
7. Supervision: Interns discuss and role-play supervisory experiences during supervision. Models of supervision will be discussed and various approaches will be demonstrated through simulated practice. Possible (but not guaranteed) involvement in tiered supervision of practicum student.
8. Consultation and interprofessional/interdisciplinary skills: Consultation models and practices will be discussed. Interns will participate in interdisciplinary treatment team meetings; review consults and seek clarification of referral questions; collaborate on treatment planning and progress evaluation; do in-person and chart communication with referring providers and team members regarding case management and treatment needs; engage in direct consultation with patients and families verbally and via written reports; and provide in-service education to staff as needed.
9. Communication and Interpersonal Skills: Interns will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, communication of findings to consultees, patients, families, and other staff. Interns will be expected to present cases to supervisors and treatment team members. Interns will hone their skills in concise case presentation, discussion of potential differentials, discussion of other assessment and treatment related issues, and development of effective therapeutic feedback skills.

## MEMORY DISORDERS CLINIC / GENERAL OUTPATIENT NEUROPSYCHOLOGY

The role of the neuropsychologist is somewhat unique in that it requires delivery of a specific service across hospital settings rather than a variety of psychological services to a particular ward or unit. Although neurology has traditionally been a primary consumer of neuropsychological evaluations, this form of assessment is now as frequently requested by Primary Care, Internal Medicine, Geriatric Medicine, Psychiatry, and other specialties. Primary responsibilities include participation in the Memory Disorder Clinic, which provides screenings and comprehensive evaluations of potential early-stage dementia and pre-dementia syndromes, and the Outpatient Neuropsychology Clinic, which provides comprehensive evaluations to individuals of all age groups with potential neurologically-based cognitive dysfunction.

The role of the neuropsychologist in this rotation is to provide a variety of assessment and consultation services. The neuropsychologist attempts to determine the cognitive and behavioral deficits resulting from cerebral dysfunction secondary to disease or injury. An assessment is also made of cognitive strengths so that such information can be utilized in rehabilitation and future vocational or placement planning. This is accomplished by the rational, selective use of a variety of neuropsychological evaluation procedures (see below) as well as test instruments for functional assessment (e.g., Cognitive Change Checklist, Bayer IADL scale, Geriatric Depression Scale). The general purpose of these evaluations is to determine potential disruption of general cognitive and behavioral function secondary to neurologic disease, identification of specific neurobehavioral deficits, identification of critical areas of dysfunction which relate to rehabilitation potential, and delivery of recommendation on capacity.

Specific questions addressed in consultation requests include (but are not restricted to) the following:

1. Documentation of symptoms in diagnosed neurological disease.
2. Issues of civil capacities, including decisional capacity.
3. Delineation of occupational/vocational disabilities.
4. Differentiation of neurobehavioral and psychiatric disorders.
5. Differential diagnosis of dementias and pre-dementia syndromes.
6. Rehabilitation planning.

### By the end of the rotation, the intern will have:

- A basic knowledge of standardized neuropsychological evaluation procedures including measures of intelligence, concept formation, language/aphasia, learning and memory (verbal, visual), visual-perceptual-spatial ability, sensorimotor ability, and executive functioning. The emphasis is on a core evaluation with flexible-adjustive exploration of specific neurobehavioral syndromes.
- Knowledge of common neurological disorders, brief screening evaluation procedures, and the interface of psychiatric/neurologic disease.
- Knowledge and experience at an introductory level of the skills requisite for assuming the role of consultant to various services and departments within the healthcare settings.

### Competency areas addressed via:

1. Research: The intern will participate in and co-lead a weekly journal club meeting where both historical and recent literature that is pertinent to neuropsychological syndromes and recent cases will be discussed. The intern is partially responsible for selecting, evaluating, and disseminating articles in preparation for discussion. In addition, the intern will be responsible for performing literature reviews on cases where their knowledge base is weaker. Occasional discussions regarding potential research methods/protocols that may address gaps or inconsistencies in the literature relative to the rotation are expected.
2. Ethical and Legal Standards: The intern will demonstrate knowledge of the applicable ethical and legal standards, including VA-specific regulations, as they are pertinent to neuropsychological assessment. These may include assessment of capacity (e.g., decisional capacity, financial capacity, etc.), to provide guidance to consultees on determination of competency. The intern will be able to identify and discuss potential ethical dilemmas in a cognitively compromised population.
3. Individual and Cultural Diversity: The intern will demonstrate awareness and knowledge of their own personal and cultural history/attitudes/biases and the ways in which those may intersect with that of the veterans evaluated. In addition, discussion of individual and cultural differences on the part of the patient will be a component of every neuropsychological evaluation, from appropriate test/norms selection to conceptualization that encompasses cultural differences. This clinic receives consults from a variety of consult services and the intern will demonstrate the ability to apply his/her knowledge with a diverse range of patients.
4. Professional Values and Attitudes: The intern will demonstrate appropriate decorum and professionalism as it relates to professional identity and interaction with other trainees, staff, supervisors, patients/families and consultees. Interaction with other consult services, including attendance and participation in hospital-wide

didactics (e.g., Dementia Boards) will offer opportunities for appropriate demonstration of professionalism. The intern will be provided with scheduled individual and group supervision, but will be afforded an “open-door” policy for seeking appropriate supervision on their own.

5. Communication and Interpersonal Skills: The intern will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, communication of findings to consultees, patients, families, and other staff. The intern will be expected to present cases in morning case rounds, and will hone their skills in concise case presentation and discussion of potential differentials and other assessment related issues. Development of effective neuropsychological feedback skills is also a focus of this rotation.
6. Assessment: The key training emphasis on this rotation is on a process-oriented, flexible/adjustive approach to neuropsychology (flexible fixed-core battery approach). In this approach, the intern will be expected to select test instruments to provide cognitive ability data relevant to the specific hypotheses formulated for the individual case. Commonly employed procedures include selected WAIS IV subtests, tests of language ability (selected from the Benton Multilingual Aphasia Examination, Boston Diagnostic Aphasia Examination, Western Aphasia Battery), learning and memory tests (California Verbal Learning Test, Wechsler Memory Scale subtests), tests of visual-spatial competency (e.g., Benton’s Judgment of Line Orientation and Visual Form Discrimination), executive functioning tests (e.g., Wisconsin Card Sorting Test), capacity assessments (e.g., Independent Living Scales) and other selected procedures and tests, as well as self- and informant-report rating scales for assessing mood, subjective cognitive complaints, changes in cognitive activity profiles, and functional activities. The interns will be expected to complete an average of three to four evaluations and reports each week. These will include a combination of comprehensive evaluations and memory screenings (for interns who demonstrate advanced progression of assessment skill).
7. Intervention: Interns will demonstrate effective building of rapport as it relates to the evaluation venue. A focus of this rotation will be on development of effective neuropsychological intervention skills utilized in delivering feedback in a sensitive and clinically appropriate manner. Understanding and identifying patient characteristics that may interfere with understanding or acceptance of information will be a specific skill developed throughout this rotation. The intern will learn ways in which to modify or adapt their approach to neuropsychological evaluation and/or delivery of feedback in relation to challenges in the therapeutic relationship. As available, the intern will also co-lead memory psychoeducation group.
8. Supervision: Interns will learn ways in which to provide supervision via discussion and role-play during individual and group supervision. The intern will be able to practice peer supervision with other trainees during clinic rounds. Models of supervision will be discussed and various approaches will be demonstrated through simulated practice.
9. Consultation and Interprofessional/Interdisciplinary Skills: Consultation models and practices will be discussed and the intern will be expected to participate in direct consultation with patients and families verbally and via written reports. Consultation with referral sources via written reports will also be an expectation and focus for growth throughout this rotation. Interns will also attend clinic rounds and other presentations pertinent to neuropsychology services (e.g., hospital-wide Dementia Boards) where interprofessional communication and delivery of neuropsychology-specific knowledge will be demonstrated.

## MENTAL HEALTH CLINIC

The Mental Health Clinic is a large outpatient clinic that provides a variety of mental health services including individual therapy, group therapy, and psychopharmacology. As a generalist program, the MHC provides services to veterans with a wide range of pathology. The MHC receives referrals from various clinics within the hospital including, but not limited to, Primary Care, Neurology, and the Emergency Department. In addition, an abundance of referrals are generated from specialty mental health programs. Referrals to psychology are often generated from the psychiatrists and ARNPs that work in MHC.

The psychologists primary role in the MHC is the provision of diagnostic evaluations and individual therapy. Initial evaluations take a biopsychosocial approach and are based largely on a chart review and an intake interview. Psychological testing is available to address specific referral questions or for differential diagnosis if needed. Psychologists in the MHC utilize a variety of therapeutic approaches and a flexible style in an effort to best meet the needs of complex cases seen in the MHC. Many veterans can benefit from shorter-term, problem focused approaches and several EBPs are offered amongst MHC providers including CBT, PE, and CPT. Other veterans are better served by longer-term, insight oriented approaches that are typically more integrative in nature. The MHC also offers couple’s and family therapy provided by a psychologist and a marriage and family therapist. The various group therapy options offered in the MHC include anger management groups, CBT for depression, mood disorder group, adaptive life management, anxiety disorders group, and traditional support groups.

Interns who select the MHC will be expected to conduct initial evaluations, field therapy referrals from MHC psychiatrists, and provide individual psychotherapy to veterans with a wide range of mental health needs. The intern's caseload will vary based on the intern's previous experience and comfort with complex cases, but it is typical that interns will carry a caseload of approximately 10 individual therapy cases as well as conducting new evaluations. Interns will also have the opportunity to function as a part of an interdisciplinary team and consultation with MHC psychiatrists, ARNPs, LMHCs, social workers, psychiatric residents, and with a small primary care clinic (housed within the MHC for veterans with serious mental illness that is led by an ARNP) is strongly encouraged. Attendance at weekly MHC staff meetings and psychologist meetings is expected. Supervisors in the MHC emphasize solid case conceptualization as a primary focus on training. Interns will be expected to both develop a conceptual understanding of their patients and the manifestations of their mental health issues and to utilize this understanding to guide their selection, and the timing, of their interventions. Finally, MHC supervisors encourage interns to develop their own, unique therapeutic style while focusing on the individual needs of the veterans they serve.

**By the end of the rotation the intern will:**

1. Demonstrate diagnostic accuracy regarding a wide range of presenting problems.
2. Develop clear conceptualizations of patient's underlying issues and convey this information through supervision and within concise and coherent documentation
3. Employ a treatment approach based on the patient's individual needs and characteristics that is guided by case conceptualization.
4. Provide a rationale for selected therapeutic interventions.
5. Flexibly apply a variety of therapeutic interventions in individual psychotherapy with a diverse caseload.

**Competency areas addressed via:**

1. Research: Interns will read and evaluate a journal article or book chapter and discuss in supervision; interns will consult literature as indicated to further education regarding areas in which they are stuck or have minimal experience.
2. Ethical and legal standards: Interns consider ethical principles when faced with higher-risk patients (e.g. respect for autonomy vs. involuntary examination); maintain confidentiality; seek supervision for ethical dilemmas, particularly frequently encountered dilemmas such as dual-relationships and requests for administrative/forensic purposes. Interns also receive additional training in specific areas of ethics such as Florida Laws and Rules as related to involuntary examination.
3. Individual & Cultural Diversity: Interns will get exposure to diverse caseload including several aspects of diversity (racial/ethnicity, SES, religion, sexual orientation/identity). Interns will process diversity issues in supervision including a focus on their reaction (bias, projection) based on their own background. Supervisor-selected diversity readings will be dispersed throughout the rotation.
4. Professional values, attitudes and behaviors: Interns are active in supervision with ongoing discussion about skill improvement; show increased independence in decision-making. Interns will demonstrate proper decorum in their interactions with patients, colleagues, and supervisors.
5. Assessment: Interns will conduct psychological evaluations for a biopsychosocial perspective. Interns will become proficient at diagnosis and case formulation based largely on clinical interview. Interns will have opportunity to administer, interpret, and provide feedback on brief screening measures (BDI-II, GAD-7, PCL-5, PHQ-9). Interns will have opportunity to use personality assessments to inform both case conceptualization and decision-making in terms of treatment planning.
6. Intervention: Interns will provide patient-centered, individual psychotherapy to a diverse caseload. They will learn to utilize a variety of therapeutic approaches and develop a flexible style in order to best needs of the Veterans. They will work to develop their own therapeutic style. Interns will enhance their case-conceptualization and utilize this to inform clinical decision making, selection of interventions, and treatment planning. They will have exposure to a variety of evidence-based therapies including CBT, ACT, and CPT. They will have the opportunity to observe several psychotherapy groups i.e. STAIR, CBT-I, and CBT-D.
7. Supervision: Interns will participate in weekly supervision with two primary supervisors. Supervision will focus on case conceptualization, skill building, and clinical judgement. Interns will enhance their clinical confidence. Interns will utilize supervision to address stuck points in therapy through role-plays and instructions to new interventions.
8. Consultation and interprofessional/interdisciplinary skills: Interns review consults and seek clarification of referral questions. Interns will attend weekly interdisciplinary staff meetings. Interns will be encouraged to consult directly with referring providers (psychiatrist, ARNP, LCSW, LMHC, LMFT).

## MILITARY SEXUAL TRAUMA OUTPATIENT CLINIC

In accordance with VHA national policy, all VA facilities are required to provide access to sensitive and timely MST-related mental health treatment for Veterans affected by MST. The MST program is a specialty mental health program at the James A. Haley VA Hospital dedicated to meeting that initiative by providing a full-range of high quality, compassionate mental health services to Veterans with a history of sexual assault or harassment in the military in a comfortable and inviting environment. This affords interns the opportunity to work within two clinics, Mental Health Clinic (MHC) for the treatment of male Veterans and Women's Clinic (WC), for the treatment of female Veterans. Research suggests that Veterans with a history of MST are more likely to have experienced childhood trauma as well as ongoing interpersonal trauma following MST. Therefore, a large proportion of patients seen within this clinic are seeking services to address the impact of complex trauma and harassment on their current social, occupational, and psychological functioning.

Treatment in this clinic is based within a general mental health model and emphasizes a collaborative recovery-oriented approach to assist Veterans in making meaningful changes in their lives. This training rotation is focused on preparing interns to flexibly deliver evidence-based, trauma-informed mental health care in a collaborative model with other mental and physical healthcare providers. Treatment is primarily trauma-focused but may also incorporate other areas of emphasis depending on the specific needs and presentation of the patient such as interventions for depression, OCD, emotion regulation, distress tolerance, improving interpersonal relationships, sexuality and gender concerns, and sleep difficulties. Specific training experiences will include: i) conducting comprehensive psychodiagnostic assessments using evidence-based measures (e.g., CAPS-5, SCID, MMPI-2RF, PAI); ii) recommending and engaging MST+ Veterans in a range of individual and group therapy options including CPT, PE, ERP, DBT, IPT, STAIR, CBT-D, and CBT-I; and iii) consultation with a multidisciplinary care team including psychiatry, social work, physicians, nursing, nutrition, and pharmacy. Additional opportunities to be involved with outreach and training around MST in collaboration with the MST coordinator are also available.

### By the end of the rotation, the intern will:

1. Develop accurate diagnoses and conceptualization of mental health concerns as they may or may not relate to MST and other trauma history.
2. Conduct sensitive, thorough, and integrative evidence-based assessments for women Veterans with MST.
3. Provide effective assessment feedback, recommendations, and referrals to patients and referring providers in a sensitive manner.
4. Select and implement appropriate evidence-based interventions, tailored to the individual patient needs and presenting conditions.
5. Understand how to observe and respond to group process.
6. Teach skills to improve emotional coping and psychological functioning for a range of MST-related conditions.
7. Demonstrate consultation skills with psychiatry and primary care physicians regarding patients' medical needs.
8. Assist other providers in understanding and responding effectively to mental health concerns with their patients.

### Competency areas addressed via:

1. Research: Interns read and evaluate journal articles and book chapters during supervision and will be encouraged to seek out information regarding complex and/or unknown subjects related to a clinical presentation.
2. Ethical and legal standards: Interns will consider ethical principles when faced with higher-risk patients (e.g. respect for autonomy vs. safety); maintain confidentiality; and seek supervision for ethical dilemmas. Interns also receive additional training in specific areas of ethics such as Florida Laws and Rules as related to involuntary hospitalization and reporting requirements.
3. Individual & Cultural Diversity: Interns interact with a wide range of patients with cultural/diversity factors discussed in supervision. Particular focus will be given to the interaction between the impacts of sexual trauma on minority cultural status.
4. Professional values, attitudes and behaviors: Interns are active in supervision with ongoing discussion about skill improvement and growth edges. Interns will show increased independence in decision-making throughout the course of the rotation and will further develop comfort and expertise in discussing particularly sensitive topics, such as sexual functioning.
5. Assessment: Interns administer, interpret, and provide feedback of brief screening measures (GAD-7, PHQ-9, PCL-5) and more comprehensive diagnostic measures (CAPS-5, SCID, MMPI-2RF, PAI); include scores and interpretation in reports and in communication with other professionals; use assessments and thorough diagnostic interview to inform both case conceptualization and decision-making in terms of treatment planning.
6. Intervention: Interns provide a wide range of evidence-based treatments that focus on meeting the Veteran where he or she is in terms of readiness. Potential treatments include CPT, PE, ERP, DBT, IPT, STAIR, CBT-D, and CBT-I.
7. Supervision: Interns discuss and role-play supervisory experiences during supervision.



8. Consultation and Interprofessional/Interdisciplinary skills: Interns review consults and seek clarification of referral questions, communicate with mental health and PACT treatment teams, nurses, social workers, and psychiatry, and consult with more specialized treatment clinics at the main hospital (e.g., ARC, Chronic Pain Program) when appropriate.
9. Communication and Interpersonal Skills: The intern will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, communication of assessment findings to consultees, treatment teams, patients, families, and other staff. The intern will also be expected to present complicated psychological concepts in a relatable fashion to patients in groups and individual therapy.

## **MILITARY TRAUMA -- PTSD**

Overview: The Military Trauma -- PTSD rotation is a training opportunity within the outpatient PTSD Clinic providing psychological services to male and female veterans who have suffered post-trauma reactions incurred during their military service (e.g., combat, training accidents). The majority of the Veterans treated within the PTSD Clinic have served in combat theaters, including, but not limited to World War II, Korea, Vietnam, Gulf War (Deserts Storm and Shield), and post-9/11 conflicts (e.g., Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). Therefore, a portion of the training experience will consist of familiarization with military culture and case conceptualization of reintegration difficulties, as a way to assist with improved psychosocial levels of functioning.

Individuals that experience PTSD and other trauma related conditions commonly present with a complex history of recurring traumatic experiences, sometimes early developmental traumas and/or repetitive combat-related traumas; and meet diagnostic criteria for a variety of comorbidities (e.g., personality disorders, depression, anxiety disorders, dissociative disorders, and substance use disorders). Trainees will learn to formulate an accurate diagnosis, assess appropriateness and readiness for evidence-based psychotherapies, and will develop and provide treatment recommendations.

Assessment: Trainee's will conduct weekly evaluations for the purpose of treatment planning which will include a semi-structured clinical interview and the administration of the Clinician Administered PTSD Scale (CAPS-5).

Treatment Interventions: Trainees will have the opportunity to provide individual evidence-based treatments for PTSD commonly offered in PTSD Clinics (e.g., Prolonged Exposure (PE), Cognitive Processing Therapy (CPT)). Both supervisors have expertise providing concurrent PTSD/SUD treatment and encourage trainees to gain some exposure to working with this comorbidity when possible (e.g. Concurrent Treatment of PTSD and Substance Use Using PE (COPE) or Seeking Safety) . Opportunities that are more unique within this clinic include the ability to learn Trauma Informed Guilt Reduction (TriGR) therapy from Dr. Davis, a co-author on this treatment protocol. Trainees will also have the ability to learn Cognitive-Behavioral Conjoint Therapy for PTSD (CBCT-PTSD) a dyadic weekly treatment (romantic partner or a supportive family member or friend) with simultaneous goals of improving individual PTSD and enhancing relationship functioning. Trainees will be expected to have 12-14 direct clinical hours.

Didactics/Meetings: Trainees will attend a weekly PTSD Clinic team meeting, multi-disciplinary case conference, and a PTSD seminar.

### **By the end of the rotation the intern will:**

1. Describe the theoretical underpinnings of PTSD and other psychological reactions germane to the experience of military related traumas.
2. Conduct thorough psychological evaluations and create relevant treatment recommendations based upon the results. In addition, demonstrate ability to provide education and rationale for care to veterans and their families.
3. Write coherent and concise psychological reports and notes, while maintaining the dignity of the veteran and discussing sensitive issues appropriately.
4. Demonstrate competency in evidence-based psychotherapies for PTSD (Prolonged Exposure and/or Cognitive-Processing Therapy); as well as treatments that are commonly used in as trauma population through individual interventions.

### **Competency areas addressed via:**

1. Research: Interns will select and present on papers published on scholarly work being conducted in the field of military-related PTSD for Journal Club, review manuscripts submitted for publication in a peer-reviewed journal (per availability), and conduct literature reviews based on areas of limited knowledge or as relevant to the clinical care of a Veteran on his/her caseload. Interns are invited to participate in any research/program evaluation projects as available.

2. Ethical and Legal Standards: Interns will be aware of relevant ethical and legal concerns as it pertains to the assessment and care for Veterans seeking and receiving mental health treatment and will seek supervision as ethical dilemmas present during clinical care.
3. Individual & Cultural Diversity: Interns will be aware of culture/diversity factors most relevant in working with Veterans that have experienced trauma during their time in service, including awareness of military culture and how culture may impact the Veteran's belief system of experience traumatic events and/or seek treatment for these events. Interns will be encouraged to consider their own cultural impact within the therapeutic environment, and will be encouraged to attend diversity trainings in the hospital, as available, as well as online trainings relevant to current clinical caseload.
4. Professional values, attitudes, and behaviors: Interns will be expected to be an active part of team meetings, consultative interactions with other professionals, and other discussions related to clinical care, and in so doing, will have opportunities to demonstrate professional behavior. Interns will engage in discussions/exercises in supervision aimed at the identification of professional values and will be given related readings by rotation supervisor; interns will also be encouraged to attend Professional Development Seminars.
5. Communication and Interpersonal Skills: Interns will demonstrate competency in communication and interpersonal skills through active participation in team meetings, providing feedback to referring providers, formal and informal consultative discussions with other team members or providers, and in interactions with their patients. They will contribute to discussions related to the Veterans with whom they work, as well as Veteran's they are unfamiliar with during PTSD team case consultations. Interns will demonstrate effective written communication skills in the documentation of clinical care in the Veterans' electronic records.
6. Assessment: As noted above, interns will conduct semi-structured evaluations on a weekly basis to determine treatment recommendations (within clinic and referrals to additional mental health clinics). Interns will provide feedback to the Veteran, referring provider, and/or family members, as indicated.
7. Intervention: As noted above, interns will learn and provide evidence-based interventions for individuals with a trauma-related conditions. Interns will document clinical care in a timely manner, and will utilize VA-approved EBP templates when indicated.
8. Supervision: Interns will engage in discussions and role plays about supervision and supervision related issues
9. Consultation and Interprofessional/Interdisciplinary Skills: Interns will be interacting with individuals from other disciplines on a regular basis, as the PTSD Clinic is multidisciplinary in composition, including representation from psychiatry, social work, and mental health counseling. Interns will learn how to appropriately provide feedback to referring providers.

## **POLYTRAUMA / TBI TRANSITIONAL REHABILITATION**

This rotation occurs within the context of the Polytrauma Transitional Rehabilitation Program (PTRP), which is housed in the Physical Medicine & Rehabilitation Service. PTRP is an interdisciplinary rehabilitation program for soldiers and military veterans who sustained severe trauma to multiple systems. It typically consists of both a residential program and an outpatient day treatment program. However, due to COVID-19 precautions, face-to-face operations have been temporarily halted and an exclusive Day Treatment Telehealth program was developed. All participants are currently being seen through telehealth, though there are plans to resume face-to-face operations in the near future.

The program population consists primarily of individuals with moderate to severe traumatic brain injury (TBI), acquired brain injury (e.g., strokes and anoxic injuries), and/or other brain disorders (e.g., seizures). Many program participants have also sustained comorbid injuries, including orthopedic traumas, amputation(s), and/or burn injuries. Many were exposed to combat or other traumas and have psychological disorders related to war experiences, injury-related events, or losses associated with injury. Participants are typically in their 20s to 40s, though can range from as young as 18 to the geriatric population. Length of time since injury ranges from a few months to several years post-injury. Primary transitional program goals are to aid participants to: 1) return to community living with maximum independence, and 2) return to productive community roles, with an emphasis on work or formal education programs. Psychoeducation and supportive services are offered to participants' family members.

The PTRP residential component is a 10-bed CARF-Accredited residential unit and treatment space on the hospital campus. This building includes patient residences, common areas for patient use, and treatment clinics. Therapeutic activities are scheduled 5 to 7 days per week, including group and individual therapeutic activities. Areas targeted include cognitive skills, functional living skills, home management skills, community reintegration skills, and management of emotional and behavioral symptoms post brain injury. Therapeutic work/volunteer activities are available and educational guidance is provided through vocational rehabilitation. The CARF-accredited outpatient day program has been in existence since 2006. Therapeutic activities are similar to those of the residential component, with coordinated treatment from multiple disciplines focused on assisting the patient to return to productive community life with maximum

independence. Transitional program psychologists function as members of the interdisciplinary treatment team and provide a full range of psychological rehabilitation services within both component programs.

The Transitional program psychologists are involved in both evaluation and treatment. Initially, the psychologists help the team to identify and conceptualize the nature of cognitive, emotional, personality, and psychosocial issues that may affect the individual's progress in continuing rehabilitation, adjustment to injury, and quality of life issues. The psychologists work closely with the treatment team to address emotional and cognitive issues as they arise, and to implement environmental or behavioral interventions to assist with management of behavioral sequelae of injury. Weekly psychology groups provide interventions to build patients' knowledge of deficits and skills for managing symptoms of brain injury. Emotional reactions to injury are also addressed through weekly individual therapies and psychology treatment groups.

A clinically-oriented, flexible/adaptive approach is used for conducting admission evaluations. Evaluations typically involve chart review for relevant history, clinical interview, collateral interview when possible, and administration and scoring of appropriate questionnaires or tests. If recent Neuropsychological evaluation is available, those findings are reviewed and considered. Opportunities for Neuropsychological evaluation are available with a subset of PTRP patients. Rotation focus will be on building competency in the multiple roles typical for rehabilitation psychologists, such as: patient evaluation, individual, group and family treatment, provision of consultation to other disciplines comprising the treatment team, coordination of interdisciplinary interventions, and education of rehabilitation staff. Various components of the holistic treatment model will be utilized for case conceptualization, including the focus on the adjustment process and compensatory management of brain injury related cognitive deficits. For the intern, involvement in Transitions Group, Coping Effectiveness Group, and Social Cognition Group is expected, with opportunity for involvement in other interdisciplinary groups, as interested. Skills related to provision of consultation to providers from varied disciplines will be a focus of training, with opportunities to provide input at team and patient/family meetings. Provision of individual therapy for several patients, 1-2 times per week, is anticipated, in addition to other rotation responsibilities. The intern may also participate in program development activities, as they arise.

**By the end of the rotation the intern will:**

1. Describe the varied roles of the rehabilitation psychologist in a team setting.
2. Describe key aspects of a holistic approach to recovery following brain injury, including family involvement.
3. Communicate recommendations to members of an interdisciplinary treatment team using verbal and written formats
4. Provide psychotherapeutic interventions that address cognitive, physical, emotional, and social sequelae following brain injury, with supervision.

**Competency areas addressed via:**

1. Research: Interns will participate in review of scholarly articles in monthly journal club; read and evaluate journal articles/book chapters during supervision during initial orientation to rotation; and may present information regarding a complicated and/or unknown subject related to a clinical presentation seen on rotation.
2. Ethical and Legal Standards: Interns will consider ethical principles when faced with issues common to rehabilitation settings (e.g., respect for people's rights and dignity vs. beneficence; limits to confidentiality) and discuss in supervision. They are expected to seek supervision for ethical dilemmas; demonstrate knowledge of the applicable ethical and legal standards, including VA-specific regulations, as they are pertinent to assessment, intervention, and interprofessional functioning (e.g., decisional capacity, risks to cognitively vulnerable adults).
3. Individual and Cultural Diversity: Interns will interact with patients from diverse ethnic backgrounds, military cultures, and disability statuses, with cultural/diversity factors discussed in supervision. Intersection of disability status and other minority status will be considered in case conceptualizations. Interns will learn ways in which to adapt interactions with patients, as needed, to accommodate disability status. The intern will demonstrate awareness and knowledge of their own personal and cultural history/attitudes/biases regarding disability and how that impacts work with this population. The intern will receive exposure to the minority model of disability. Relevant selected diversity readings will be provided throughout the rotation. Opportunities exist to present on and/or attend presentations in training seminars focused on diversity.
4. Professional Values and Attitudes: Interns will be expected to demonstrate appropriate decorum and professionalism as it relates to professional identity and interaction with other interdisciplinary team members, supervisors, patients, and families. Interns take an active role in directing their learning through formulation of rotation specific training goals, are active in supervision with ongoing discussion about skill improvement; and show increased responsibility for patient care and independence in decision-making over the course of the rotation.

5. Communication and Interpersonal Skills: Interns will be expected to demonstrate effective communication skills in both verbal and written modalities. Successful communication with interdisciplinary providers will first be modeled then observed, with skill development discussed in supervision. Interns are expected to discuss patient related information with team providers to facilitate patient's attainment of rehabilitation goals, with appropriate consideration to confidentiality. This may occur through interdisciplinary team meetings, individual consultations, and co-treatment activities.
6. Assessment: Interns will initially observe, be observed, and then independently administer psychosocial evaluations, which typically include patient and collateral interviews, review of medical records, brief screening measures, and neurobehavioral symptom screening tools. Personality testing may be included, if appropriate to inform conceptualization of patient. Evaluations focus on identifying patient's strengths, vulnerabilities, and areas of consideration for rehabilitation treatment. Use of language appropriate for communication in an interdisciplinary setting will be stressed.
7. Intervention: Interns will learn rehabilitation--focused interventions for individuals with cognitive deficits through first observing/co-treating, then through providing individual intervention for 2-3 patients at least 1-2 times/weekly. The nature of intervention may vary depending upon patient characteristics and co-morbid mental health diagnosis, but will generally be directed toward support of adaptation to role changes with injury. Interns will first participate in and then co-lead or lead group interventions with supervisory feedback. The intern will learn a rehabilitation framework for conceptualizing intervention planning.
8. Supervision: Interns will learn ways in which to provide supervision via discussion and role-play during individual and group supervision. Models of supervision, particularly competency-based supervision, will be discussed and demonstrated.
9. Consultation and Interprofessional/Interdisciplinary Skills: The intern will be expected to participate in direct consultation with interdisciplinary team members, patients and families. The intern initially observes, then is observed, then provides consultation independently with planning in supervision. Consultation may occur in formal interdisciplinary treatment planning meetings or informal consultations with nursing staff or rehabilitation therapy providers, and commonly occurs with respect to management of behavioral or emotional issues, sleep management, or family needs.

## **PRIMARY CARE CLINIC - BEHAVIORAL HEALTH (PCC-BH)**

The philosophy of PCC-BH is one of "population-based care," which is consistent with the primary medical care model, in which a small number of non-specialty services are provided to a large number of people. The intent is to treat behavioral and medical issues so that the person has improved ability to self-manage their medical and mental health needs relatively independently. Goals of this integrated biopsychosocial model of care include increased access to behavioral health consultants who provide rapid feedback, early recognition and brief interventions of mild to moderate severity mental disorders, and improved collaborative care and management of patients with biopsychosocial issues within the primary care setting.

Interns on this rotation would function as interdisciplinary team members across all 8 primary care teams to assist the primary care physician (PCP), psychiatrists, nurses, case managers, social workers, pharmacists, and dietitians in managing the overall health of veterans. The intern's role on this rotation would be to provide:

1. brief (30 minute) functional interviews with feedback reported directly to the referring provider,
2. triaging to appropriate specialty mental health clinics, and
3. individual short-term (2-8 30-minute appointments) problem/solution-focused interventions targeted to reduce symptoms and improve health and quality of life.

The basic treatment approach is based on brief patient interactions that focus on self-management of the presenting problems. Treatment typically involves addressing presenting problems such as mental health issues that can be treated in 2-8 sessions 30-minute appointments, including: mild to moderate depression, anxiety, PTSD (Psychoeducation), adjustment disorders, bereavement/grief, relationship/marital concern, and diagnoses where the patient is having trouble coping with a psychosocial stressor. Additionally, behavioral health concerns will be treated such as: relapse prevention, sleep disturbance, sexuality, stress, substance misuse, tobacco use cessation, weight management, wellness interventions, chronic illness management, adjustment to medical condition, diabetes management, and difficulty with adherence to medical regimens.

Treatment interventions are brief, evidence-based, educational/skills-based in nature, and emphasize practice and home-management. Interventions may include Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Motivational Interviewing (MI), Problem Solving Therapy (PST), or stress management. Referrals are generated

from warm-hand offs, formal and informal consultations, and positive screens on depression, alcohol, PTSD measures, etc. that are conducted by nursing during the veteran's primary care visit.

Interns may co-facilitate classes currently led by a rotation supervisor such as MOVE! weight management group, Sleep Hygiene/CBT-insomnia, Tobacco Cessation, and Tinnitus Management. Other classes may be developed in the future. Another potential training opportunity is to co-facilitate a Group Medical Appointment with a Primary Care Provider, Pharmacist, and/or Dietitian. A typical day for an intern might include facilitation of one class, four scheduled appointments, and one to two walk-in appointments for crisis management and/or new patient appointments for the presenting issues listed above. Supervision is scheduled weekly. Additionally, spontaneous supervision opportunities are available on a "curbside" basis.

**At the end of the rotation, interns will:**

1. Thoroughly and competently complete brief chart reviews prior to patient interview to help guide clinical interview and conceptualization.
2. Demonstrate accurate treatment recommendations/plan/triaging based on brief interview.
3. State the rationale for the selection of appropriate therapeutic interventions based upon a sophisticated knowledge of pathology informed by theory, culture/diversity, and science.
4. Competently select and implement a wide range of brief, problem-focused interventions in an efficient and effective manner including brief CBT, MI, ACT, or PST.
5. Provide clear and thorough feedback to other professional providers through brief face-to-face consultation, via email, and/or through report writing.
6. Demonstrate competency in assessing risk factors and utilizing hospital procedures regarding suicidal/homicidal ideation as decided upon in the Standard Operating Procedure (SOP) for JAHVH.

**Competency areas addressed via:**

1. Research: Interns participate in review of scholarly articles for publication in a peer-reviewed journal; read and evaluate a journal article or book chapter during supervision; and may present information regarding a complicated and/or unknown subject related to a clinical presentation seen on rotation; participate in journal club.
2. Ethical and legal standards: Interns consider ethical principles when faced with higher-risk patients (e.g. respect for autonomy vs. involuntary examination); maintain confidentiality; seek supervision for ethical dilemmas. Interns also receive additional training in specific areas of ethics such as Florida Laws and Rules as related to involuntary examination, and are encouraged to present case examples related to ethical issues at Health psychology Seminar.
3. Individual & Cultural Diversity: Interns interact with a wide range of patients (demographics and pathology) with cultural/diversity factors discussed in supervision. Supervisor-selected diversity readings will be dispersed throughout the rotation. Opportunities exist to present on and/or attend presentations in health psychology seminar focused on diversity. Possible opportunity to observe Hormone Replacement Therapy evaluations and receive supervision and readings in this diversity area.
4. Professional values, attitudes and behaviors: Interns are active in supervision with ongoing discussion about skill improvement; show increased independence in decision-making; have increased response to walk-in/warm hand-off situations as well as both formal and informal interprofessional education and consultation with primary care team staff.
5. Assessment: Interns administer, interpret, and provide feedback of brief screening measures (GAD-7, PHQ-9, PCL-5); include scores and interpretation in reports and in communication with other professionals on the interdisciplinary team; use assessments to inform both case conceptualization and decision-making in terms of treatment planning/referral to specialty clinics. Possible additional optional experiences related to brief neuropsychological screening in partnership w/ primary care neuropsychology consultant.
6. Intervention: Interns provide brief, problem-focused interventions for mild-moderate mental health issues, stress-management, insomnia, weight management, tobacco cessation, and other issues involved health-related behavior change.
7. Supervision: Interns discuss and role-play supervisory experiences during supervision. Possible (but not guaranteed) involvement in tiered supervision of practicum student.
8. Consultation and interprofessional/interdisciplinary skills: Interns review consults and seek clarification of referral questions, collaborate on warm hand-off scenarios from PCPs or nursing; conduct sidewalk consultation with medical providers/social workers/dietitians/pharmacists; do in-person and chart communication with referring providers regarding brief case conceptualization and treatment plans; provide in-service education at nursing and/or PACT meetings; attend PACT meetings; and participate in group medical appointments

9. **Communication and Interpersonal Skills:** Interns will be expected to demonstrate effective communication skills in both verbal and written modalities. Successful communication with clinical team members will first be modeled then observed, with skill development discussed in supervision. Interns are expected to discuss patient related information with team providers to facilitate patient care, with appropriate consideration to confidentiality.

## **SPINAL CORD INJURY/DISORDERS REHABILITATION PROGRAM**

This rotation occurs within the context of the Spinal Cord Injury/Disorders (SCI/D) Service. The SCI/D Service provides clinical care to individuals who have sustained spinal cord injuries or who suffer from other causes of spinal cord dysfunction, such as multiple sclerosis, spinal stenosis, tumors, or amyotrophic lateral sclerosis. The service is located in a recently constructed building dedicated to the care of individuals with SCI/D. The inpatient component is comprised of 100 inpatient beds, including 10 beds for individuals dependent on ventilators and 30 beds for individuals who reside in our SCI/D community living center. The SCI/D Inpatient Rehabilitation Program is CARF-accredited and has been designated as a VA Clinical Program of Excellence. The SCI/D Service also provides rehabilitation services through outpatient and home-care services programs. Annually, it provides acute and sustaining care to more than 1200 individuals. Patient characteristics vary considerably from the older WWII veteran to young active duty individuals injured in the Global War on Terrorism.

The SCI/D Service uses a multidisciplinary team model of health care delivery. SCI/D psychologists function as members of the multidisciplinary teams and provide a full range of psychological rehabilitation services. The SCI/D psychologist helps to identify and conceptualize the nature of cognitive, personality, and psychosocial issues that may affect the individual's progress in rehabilitation, adjustment to SCI/D, and quality of life. Common findings include mood and adjustment disorders, substance abuse/dependence, personality disorders/characteristics, grief and loss, changes in primary relationships, and cognitive impairment from concomitant head injury or pre-morbid neurological disorder. The psychologist then provides appropriate services to address these issues in coordination with other team members. Psychotherapeutic interventions range from relatively brief series of problem-focused interactions to longer-term treatment of adjustment to disability. SCI educational classes and a weekly coping skills group is provided to patients completing rehabilitation for new injuries.

A clinically-oriented, flexible/adaptive approach is used for conducting cognitive and psychological evaluations. Evaluations involve chart review for relevant history, staff consultation, clinical interview, collateral interview (when available), administration and scoring of appropriate tests, interpretation of test performance, and the production of a written report of the findings and recommendations. Evaluation instruments are selected based on clinical questions and on consideration of the individual's current behavioral repertoire. Regardless of the specific instruments selected, neuropsychological evaluations typically include assessment of intellectual ability, learning and memory abilities, visuospatial abilities, reasoning/concept formation ability, attentional control and other executive functions, and emotional state and personality/psychopathology. Feedback to the veteran/active-duty personnel and their family, as appropriate, is conducted in a manner to further therapeutic goals.

The intern may work with veterans in both the inpatient and outpatient components of the program, although the acute rehabilitation inpatient program is emphasized. The intern can expect to work primarily with patients admitted for acute rehabilitation of new injuries (as little as 5 days post-injury) conducting psychological and cognitive evaluations, and providing therapy. However depending upon the pace of new injury admissions an intern may also work with veterans admitted for other reasons that could include annual evaluations, subacute rehabilitation, treatment of acute and/or chronic medical issues or illnesses, and preparation for placement and transition to community. Interns provide individual psychotherapy to appropriate patients, and co-facilitate support groups. Close involvement and consultation with the treatment team including attendance at weekly team meetings and team rounds is expected. Participation in the weekly meeting of the SCI/D psychologists and the monthly SCI/D Psychology journal club is also expected.

### **By the end of the rotation, the intern will:**

1. Demonstrate knowledge of the etiology and physical, cognitive, and psychosocial sequelae of SCI/D through case conceptualizations and brief presentations to the SCI/D psychologists. Such knowledge is acquired through completion of directed readings, participation in SCI/D Nursing Orientation sessions, and attendance at relevant SCI 101 Seminars.
2. Verbalize the rationale for test selection and administration of psychological and cognitive assessment instruments in a rehabilitation setting.



3. Demonstrate an evolving synthesis of the above to enhance the quality of care provided to patients by producing (a minimum of 4) integrative written reports of patients' history, interview findings, behavioral observations, and psychological test findings with clear and concise recommendations for treatment and rehabilitation.
4. Demonstrate advanced skills in providing individual and group psychotherapeutic interventions that address the broad range of psychological and psychosocial sequelae of SCI/D. Skills are acquired through case and group therapy provision and active utilization of supervision.
5. Initiate and discuss his/her awareness of and sensitivity to multidisciplinary treatment team functioning and the role of Psychology in SCI. This awareness and sensitivity is developed through interactions as an integral member of the treatment team, liaison with other health care professionals, and during supervision sessions.

**Core Profession-Wide Competency** acquisition on this rotation will be accomplished in the following ways:

1. **Research:** The intern will participate in a review of peer reviewed journal articles and/or book chapter(s) pertinent to SCI and its sequelae during supervision or through participation in journal club. The intern is partially responsible for selecting, evaluating, and disseminating articles in preparation for discussion.
2. **Ethical and Legal Standards:** The intern will demonstrate knowledge of the applicable ethical and legal standards, including VA-specific regulations, as they are pertinent to the treatment of spinal cord injury patients. These may include consideration of these standards with high risk patients (i.e., community placement, initiating BA-52), referral for assessment of capacity (e.g., medical decision-making capacity, financial capacity, etc.), and to provide guidance to consultees around process for and determination of competency. The intern will be able to identify and discuss potential ethical dilemmas in patients who may be medically, psychiatrically, and/or cognitively compromised.
3. **Individual and Cultural Diversity:** The intern will interact with a diverse group of patients. Interns will demonstrate awareness and knowledge of their own personal and cultural history/attitudes/biases and the ways in which those may intersect with those of their patients during supervision. Supervisor selected diversity readings will also be assigned throughout the rotation and discussed during supervision.
4. **Professional Values and Attitudes:** The intern will demonstrate appropriate decorum and professionalism as it relates to professional identity and interaction with other trainees, staff, supervisors, patients/families and consultees; and show increased autonomy in decision making and in interactions with other team members or services. The intern will meet for scheduled weekly supervision, but an "open door" policy will also be available to intern to seek supervision as appropriate and necessary.
5. **Communication and Interpersonal Skills:** The intern will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, communication of findings to consultees, patients, families, and other staff. The intern will be expected to present cases in morning case rounds, curbside consultations and in weekly interdisciplinary team meetings and offer feedback, insight and recommendations for patient as needed or requested.
6. **Assessment:** In addition to a clinical interview, the intern will be expected to administer, interpret, and/or provide feedback of brief screening measures or (PHQ-9, MOCA, 3MS); Coping or health related quality of life and functional status measures (SWLS, VR-36, ADS-R) and/or select cognitive tests (e.g., Digit Span, CVLT-II, WAIS IV, Oral Trails, Similarities and Matrix Reasoning, DKEFS Verbal Fluency for those interns who demonstrate advanced progression of assessment skill). Interns will be expected to complete at minimum 3 new injury/acute rehabilitation inpatient evaluations and pick up other SCI inpatient and outpatient cases as appropriate.
7. **Intervention:** Interns will provide a range of interventions ranging from problem focused (e.g., improving compliance, medical decision-making) to more long-term treatment for mood and adjustment to injury/disability, chronic mismanagement of medical issues, substance abuse/dependence, personality disorders/characteristics, grief and loss, changes in primary relationships, and cognitive impairment from concomitant head injury or pre-morbid neurological disorder. These services will be provided in coordination with other team members or services as needed.
8. **Supervision:** Interns will learn and discuss models of supervision and role play various supervisory approaches during individual supervision and as appropriate in SCI psychology meetings.
9. **Consultation and Interprofessional/Interdisciplinary Skills:** Interns will review consults, seek clarification as needed, collaborate with referring medical providers or other pertinent staff (e.g., nursing, social work) and follow-up with patient as appropriate. Consultation with referral sources via written reports will be an expectation and emphasized during this rotation. Consultation models and practices will be discussed and the intern will be expected to participate in direct consultation with patients and families verbally and via written reports as appropriate. Interns will also attend clinic rounds (e.g., wound care) and other presentations pertinent to spinal cord injury where interprofessional communication and delivery of spinal cord injury-specific knowledge will be demonstrated.

## **SUBSTANCE USE DISORDERS SERVICE (SUDS)**

The Substance Use Disorders Service (SUDS) provides a range of outpatient treatment services for veterans with addictive disorders and dual diagnoses. In SUDS, we understand the critical role of motivation when it comes to helping patients change their substance use behavior, and that is why we offer daily SUDS orientation groups together with the opportunity for patients to be evaluated and begin treatment that same day. Very often patients will begin their treatment on the same day that they are oriented and evaluated for our programs, maximizing the potential to build upon the initial motivation that they have for substance use disorder recovery.

The type of treatment patients may receive will depend upon a variety of factors assessed upon evaluation, including patient preference. We offer early recovery interventions for veterans newer to the treatment process, medication and case management, outpatient psychotherapy (group and individual), intensive outpatient programming, contingency management, smoking cessation, and aftercare and relapse prevention services. The group therapy interventions primarily utilize a combination of cognitive-behavioral, 12-step enhancement, Seeking Safety, motivational enhancement, mindfulness, and skills-based approaches. In addition, our program also offers DUI and Domestic Violence Court Intervention programs, as well as Suboxone Opioid Substitution treatment. Individual psychotherapy interventions may vary based on the theoretical orientation of the supervising psychologist, as well as the intern's experience and skill-set.

Our program's philosophy also emphasizes a therapeutic and growth enhancing milieu that promotes and encourages patients' honest sharing of thoughts and feelings, encourages cooperation and mutual respect, constructive feedback, healthy confrontation, and problem resolution. In addition, whenever possible our providers will facilitate maximum responsibility and healthy communication with the patient's family, significant others, and community network in preparation for the patient's anticipated return.

Interns are supervised by licensed psychologists and work within a multidisciplinary team to provide SUD-related assessment and treatment services. Interns will be encouraged to become integrated into the SUDS team and to coordinate treatment with other team members and providers working with their patients. The specific types of training activities may vary depending on primary supervisor and intern interest and training needs.

### **By the end of the rotation, the intern will:**

1. Have a basic knowledge of substance use disorders and common co-occurring disorders.
2. Have a basic understanding of how to assess for substance use disorders as well as evaluate progress in recovery.
3. Be familiar with the levels of treatment as outlined by ASAM and how to refer for services based on level of need and motivation.
4. Have a basic knowledge of the empirically based treatments (cognitive behavioral therapy, 12-Step facilitation, motivational enhancement therapy, contingency management, seeking safety, relapse prevention therapy and pharmacological therapies) as well as experience with delivering many of those interventions in a group and individual format.
5. Gain experience with delivering EBPs in the context of an empirically supported therapy relationship and the common factors of effective therapy.
6. Identify and manage common experiences of countertransference when working with patients with addictions.
7. Have experience functioning on a multi-disciplinary team of other providers, including consultation with other providers in-person as well as through documentation of progress notes and psychological reports.

### **Competency areas will be addressed via:**

1. Research: The intern will participate in reviews of scholarly articles, chapters and scientific journal articles related to addiction, dual diagnosis, and recovery, and will discuss those readings in supervision with SUDS psychologists.
2. Ethical and Legal Standards: Interns will consider ethical principles when faced with higher-risk patients (e.g. respect for autonomy vs. involuntary hospitalization), will maintain confidentiality, and seek supervision for ethical dilemmas. Interns will be able to identify and discuss potential ethical dilemma in an addictions treatment population.
3. Individual and Cultural Diversity: Interns will interact with a wide range of patients (demographics and pathology) with cultural/diversity factors discussed in supervision. The intern will demonstrate awareness and knowledge of their own personal and cultural history/attitudes/biases and the ways in which those may intersect with that of the veterans being treated and evaluated. In addition, discussion of individual and cultural differences on the part of the patient will be a component of regular supervision.
4. Professional Values and Attitudes: The intern will demonstrate appropriate decorum and professionalism as it relates to professional identity and interaction with other trainees, staff, supervisors, patients/families and

consultees. Weekly participation in administrative staff meetings as well as consultation with other providers within and between clinics will offer opportunities for appropriate demonstration of professionalism. The intern will be provided with scheduled individual and group supervision, but will be afforded an “open-door” policy for seeking appropriate supervision on their own.

5. Communication and Interpersonal Skills: The intern will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, communication of assessment findings and to consultees, patients, families, and other staff. The intern will also be expected to present complicated psychological concepts in a relatable fashion to patients in groups and individual therapy.
6. Assessment: Interns will become versed in the diagnostic criteria as well as the associated diagnostic features of substance addictions. They will also become familiar with the common co-occurring disorders, such as PTSD, mood and personality disorders. Interns may assess individuals for their need for various addiction-related services and assist with treatment referral.  
Interns may be involved in administering personality and neuropsychological screening assessments of SUDS patients. In addition, they will become familiar with measurement-based care and the administration of the Brief Addiction Monitor (BAM), in addition to other applicable assessment measures.
7. Intervention: Interns will demonstrate effective building of rapport in individual and group therapy. They will also demonstrate their ability to understand and deliver a variety of empirically based treatments in both an individual and group format. The intern will learn ways in which to modify or adapt their approach to treatment in relation to challenges in the therapeutic relationship.
8. Supervision: Interns will learn ways in which to provide supervision via discussion and role-play during individual and group supervision. As available, the intern may be able to practice tiered supervision with practicum trainees during their rotation. Models of supervision will be discussed and various approaches will be demonstrated through simulated practice.
9. Consultation and Interprofessional/Interdisciplinary Skills: Consultation models and practices will be discussed and the intern will have a chance to observe and participate in varieties of consultative services, including inpatient, outpatient, written and in-person consultation with patients and other providers.

## SUICIDE PREVENTION PSYCHOLOGY

The Suicide Prevention Team (SPT) is a multidisciplinary team responsible for the care and management of Veterans at high risk for suicide. SPT services include case management, risk assessment, outpatient individual and group therapy, education and community outreach, as well as follow up on local Veterans' Crisis Line referrals. SPT identifies Veterans at risk for suicide through inpatient or outpatient consults from VA providers, or per referral from the Veterans Crisis Line. Veterans are followed by SPT for a minimum of 90 days.

High risk Veterans present with a variety of diagnoses, including but not limited to: depressive and bipolar spectrum disorders, PTSD, substance use, and personality disorders. Common psychosocial stressors include homelessness, financial strain, and significant interpersonal loss or conflict. It is not uncommon for high risk Veterans to have engaged in a recent suicide attempt or self-directed violent behavior, or to experience ongoing crises and inpatient admissions.

Interns rotating with the Suicide Prevention Team will maintain a small individual therapy caseload, and will also lead or participate in a psychotherapy group. Interns will conduct inpatient suicide risk assessments and will gain exposure to the Veterans Crisis Line. Education and community outreach opportunities will likely be available, and the intern may also take part in any ongoing research or program evaluation projects in which the Suicide Prevention psychologist (rotation supervisor) is involved at that time. Due to Suicide Prevention Month, this rotation is not available in the first quarter.

### By the end of the rotation, the intern will:

1. Understand, describe, and discuss modern suicide theory, including the following empirically-supported theories: Interpersonal Psychological Theory of Suicide (Joiner, 2005) & The 3 Step Theory of Suicide (Klonsky & May, 2015)
2. Conduct Suicide Risk Assessments using structured/evidence-based instruments (e.g., Columbia Suicide Scale; Posner et al., 2008), and semi-structured, clinical interviews aimed at estimating suicide risk level. Interns will also learn nationally mandated VA Suicide Risk Identification instruments.
3. Serve as a consultant to referring inpatient and outpatient providers, surrounding appropriateness of high risk flag activation or other related treatment questions.
4. Demonstrate competency in evidence-based individual therapies for the treatment of suicidal individuals, including the Collaborative Assessment and Management of Suicidality (CAMS; Jobes, 2004; 2016). Interns will maintain a caseload of ~3 high risk Veterans, depending on the clinical needs of the Veteran and clinic, as well as the experience level of the intern.

5. Demonstrate competency in the provision of group psychotherapy, by creating and leading a time-limited (6-8 weeks) psychotherapy group, based on the intern's interest and needs of the clinic. Note: there may be ongoing SPT groups the intern may wish to be a part of, in lieu of developing his/her own group.

**Competency areas will be addressed via:**

1. Research: Interns will select and present on papers published on scholarly work being conducted in the field of suicide prevention for Journal Club, review manuscripts submitted for publication in a peer-reviewed journal (per availability), and conduct literature reviews based on areas of limited knowledge or as relevant to the clinical care of a Veteran on his/her caseload. Interns are invited to participate in any research/program evaluation projects, time permitting and as available.
2. Ethical and Legal Standards: Interns will be aware of relevant ethical and legal concerns as it pertains to the assessment and care for high risk Veterans (e.g., limits of confidentiality with acute safety risks) and will seek supervision as ethical dilemmas present in the course of clinical care.
3. Individual & Cultural Diversity: Interns will be aware of culture/diversity factors most relevant in work with high risk Veterans, including awareness of cultural groups at increased risk for suicide (e.g., Transgender Veterans). Interns will be encouraged to consider their own cultural impact within the therapeutic environment, and will be encouraged to attend diversity trainings in the hospital, as available, as well as online trainings relevant to current clinical caseload.
4. Professional values, attitudes, and behaviors: Intern will be expected to be an active part of team meetings, consultative interactions with other professionals, and other discussions related to clinical care (e.g., Flag Review), and in so doing, will have opportunities to demonstrate professional behavior. Interns will engage in discussions/exercises in supervision aimed at the identification of professional values and will be given related readings by rotation supervisor; interns will also be encouraged to attend Professional Development Seminars.
5. Communication and Interpersonal Skills: Interns will demonstrate competency in communication and interpersonal skills through active participation in team meetings, providing feedback to referring providers, formal and informal consultative discussions with other team members or providers, and in interactions with their patients. They will contribute to discussions related to the Veterans with whom they work, such as when the Veteran's high risk flag is up for review. Interns will demonstrate effective written communication skills in the documentation of clinical care in the Veterans' electronic records.
6. Assessment: As noted above, interns will conduct both structured/formal suicide risk assessments, as well as semi-structured clinical interviews assessing suicide risk on both inpatient and outpatient Veterans. Interns will document assessment findings, including the identification of relevant risk and protective factors, and the determination of risk level, in the Veteran's electronic record. Interns will provide feedback to the Veteran, referring provider, and/or family members, as indicated.
7. Intervention: As noted above, interns will learn and provide both individual and group interventions for high risk Veterans, including interventions with strong empirical support in the reduction of suicide risk. Interns will document clinical care in a timely manner, and will utilize VA-approved EBP templates when indicated.
8. Supervision: Interns will engage in discussions and role plays about supervision and related issues; interns may be given opportunities to observe or participate in the supervision of other trainees (e.g., counseling interns).
9. Consultation and Interprofessional/Interdisciplinary Skills: Interns will be interacting with individuals from other disciplines on a regular basis, as the Suicide Prevention Team is multidisciplinary in composition, including representation from psychiatry, social worker, mental health counseling, and nursing. Interns will also perform in a multidisciplinary setting on the psychiatric inpatient unit, as many of those consults are placed by psychiatrists and/or psychiatric residents. Interns will learn how to appropriately provide feedback to referring providers.

**WOMEN'S HEALTH CENTER**

The Women's Health Center (WHC) is a comprehensive health care clinic that offers services in primary care, gynecology, nutrition, psychiatry, psychology, and social work "under one roof" for women veterans. The WHC was established in 1993 as one of eight original Women's Health Centers in the national VA system and still serves as a model for new Women's Centers across the country. It remains among the busiest Women's Center in the VA system. The WHC relocated into a new state-of-the-art facility in 2014 to better meet women veterans' needs. The mental health team in the WHC functions like a general outpatient mental health clinic and currently consists of four psychologists, three psychiatrists, and a social worker, as well as psychology interns from the JAHVH medical center and the University of South Florida and psychiatry residents from the University of South Florida. Treatment is provided for a range of conditions, most commonly depression, PTSD, anxiety disorders such as generalized anxiety disorder and panic disorder, cluster B disorders, and relationship problems. Adjustment to psychosocial stressors is also frequently the focus of treatment. Trauma, especially sexual trauma (e.g., childhood sexual abuse, intimate partner violence, and/or military sexual trauma), is prevalent among women veterans and their emotional problems are often rooted in those past traumas.

The primary clinical responsibilities of WHC psychologists are to conduct diagnostic evaluations and provide individual and group psychotherapy to women veterans. The initial evaluation process focuses on differential diagnoses, formulating a case conceptualization, assessing obstacles to accessing and/or benefiting from treatment, and developing an individualized treatment plan, including referral for psychopharmacological treatment or to specialty programs within the medical center as needed. Treatment interventions adhere to evidence-based psychotherapies (EBPs) in line with current research when indicated, providers' clinical expertise, and patients' characteristics and interests. A variety of individual EBPs are offered in the WHC including Cognitive-Behavioral Therapy for Depression (CBT-D), Interpersonal Psychotherapy for Depression (IPT), Cognitive-Processing Therapy (CPT) and Prolonged Exposure (PE) for PTSD, Skills Training in Affective and Interpersonal Regulation (STAIR), and Cognitive-Behavioral Therapy (CBT) for anxiety disorders (generalized anxiety disorder, panic disorder, agoraphobia, OCD, social anxiety disorder, phobia). Current psychotherapy groups include Dialectical-Behavioral Therapy skills group, Cognitive-Processing Therapy group for PTSD, Cognitive-Behavioral Therapy group for Depression, and a Relaxation Enhancement group.

An intern on this rotation will conduct an average of 2 evaluations, provide individual psychotherapy to 6-8 patients, and co-lead 1-2 psychotherapy groups each week. Interns will also have the opportunity to assist with the WHC orientation sessions for new patients, which aim to facilitate access to care (e.g., provision of information about available mental health services, brief individual screening for appropriateness of consult, referral to specialty programs if relevant, and dealing with urgent needs/crises as needed).

**By the end of the rotation the intern will be able to:**

1. Demonstrate knowledge of population-specific competencies (e.g., military culture and gender-specific roles of women) as well as the ability to accurately differentiate trauma sequelae from other psychiatric conditions (e.g., affective dysregulation vs. bipolar disorder, psychotic symptoms vs. PTSD symptoms).
2. Demonstrate skills with clinical interviewing, accurate differential diagnosis, conceptualization of patient's difficulties, and development of individualized treatment plans considering patients' specific problems, preferences, needs, and limitations.
3. Demonstrate knowledge and skills implementing evidence-based psychotherapies in groups and/or individual therapy as well as universal and common factors of psychotherapy.
4. Demonstrate competency in assessing risk factors, addressing urgent needs, seeking appropriate and timely consultation, and utilizing appropriate hospital procedures in the context of suicidal/homicidal ideation, intimate partner violence, and/or report of child or elderly abuse.
5. Demonstrate clinical writing skills and professional responsibility by writing progress notes and psychological reports in a timely manner, containing relevant and required information, and discussing sensitive issues appropriately.
6. In the context of consultation skills, demonstrate an understanding of the role of being a consultant, provide appropriate answers to referral questions, and work appropriately and collaboratively with other disciplines.

**Competency areas addressed via:**

1. Research: The intern will read evidence-based psychotherapy (EBP) manuals and related empirical articles, view EBP training videos, and discuss evidence-based practices in supervision. The intern will research information regarding complicated and/or unknown subjects related to a clinical presentation seen on rotation as needed. The intern may also present on a topic of interest during a WHC lunch-and-learn.
2. Ethical and legal standards: The intern will identify ethical dilemmas effectively, actively consult with supervisors for ethical dilemmas, and recognize and discuss limits of own ethical knowledge. The intern will demonstrate applicable ethical and legal standards, including VA-specific regulations, as pertinent in a general mental health clinic.
3. Individual & Cultural Diversity: The intern will demonstrate knowledge and understanding of individual and cultural diversity through interactions with a range of patients (demographics and psychopathology) and discussion during supervision, and seek timely consultation about diversity issues as needed.
4. Professional values, attitudes and behaviors: The intern will form effective working alliances and demonstrate appropriate demeanor, boundaries, and professionalism as it relates to interactions with patients, staff, and supervisors. The intern will actively participate in supervision with ongoing discussion of skills improvement and demonstration of increasing independence in decision-making over the course of the rotation.
5. Assessment: The intern will demonstrate skills with clinical interviewing, accurate differential diagnosis, conceptualization of patient's difficulties, and development of individualized treatment plan considering patients' specific problems, preferences, needs, and limitations. The intern will write reports incorporating accurate and relevant information provided by the patient, while maintaining the dignity of the patient and discussing sensitive issues appropriately. The intern will present cases in supervision demonstrating how diagnostic formulation and case conceptualization are based on gathered information from clinical interview and review of available medical records and highlighting relevant factors for treatment planning.

6. Intervention: The intern will demonstrate knowledge and skills implementing evidence-based psychotherapies in individual and group therapy. The intern will articulate an understanding of how intervention choices are informed by assessment and write treatment plans that incorporate evidence-based practices, as relevant. In the context of measurement-based care, the intern will evaluate treatment progress and modify treatment planning (as indicated) utilizing established outcome measures; assess and document treatment progress and outcomes; and describe instances of lack of progress and actions taken in response.
7. Supervision: The intern will discuss models of supervision, including identification of the roles and responsibilities of the supervisor and supervisee in the supervision process as well as demonstration of supervisor and supervisee roles in relation to patient care.
8. Consultation and interprofessional/interdisciplinary skills: The intern will consult with and cooperate with other disciplines in service of their patients; discuss cases with WHC Psychiatrists as clinically relevant; and develop and maintain (where appropriate) collaborative relationships with other professionals. Consultation with referral sources will also be achieved via written reports aimed at answering referral questions. The intern may demonstrate interprofessional/ interdisciplinary skills through provision of in-service education to WHC Psychiatry residents.
9. Communication and Interpersonal Skills: The intern will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, communication of assessment findings and to consultees, patients, families, and other staff. The intern will also be expected to present complicated psychological concepts in a relatable fashion to patients in therapy.

## **EXTERNAL: NON-VA ROTATION OPTIONS (CONTINGENT ON ANNUAL OAA APPROVAL)**

### **OUTPATIENT COLLEGIATE MENTAL HEALTH, UNIVERSITY OF SOUTH FLORIDA COUNSELING CENTER**

This external rotation, typically offered in the summer, involves providing outpatient mental health counseling to registered college students at the University of South Florida under the supervision of licensed psychologists employed at the USF Counseling Center. This rotation includes evaluation of student mental health concerns and provision of goal oriented, culturally sensitive, evidence-based treatment. The University of South Florida is a large, public 4-year university offering undergraduate, graduate, specialist and doctoral level degrees. Serving more than 49,000 students, the USF System has an annual budget of \$1.6 billion and is ranked 41st in the nation for research expenditures among all universities, public or private.

The majority of this rotation involves individual counseling, with the possibility for couples and group counseling pending intern interest and client availability. The USF Tampa student body is diverse with about 45% of students identifying as non-white and 11% as international students. Nearly a quarter of counseling center student clients identify as either non-heterosexual and/or non-cisgendered. Typical presenting concerns include: depression and bipolar disorders, anxiety disorders, trauma- and stressor-related disorders, relationship issues, and academic distress. Since the age of onset for some clinical disorders overlaps with the traditional college-age period, students are sometimes diagnosed with more severe mental illness for the first time. Student clients are seen by professional counselors who may be licensed psychologists, licensed mental health counselors, licensed clinical social workers, or supervised trainees.

The initial appointment for new or returning clients is a 60-minute intake interview, with additional information from multiple sources: a personal data form, CCAPS (symptom measure) and the Behavioral Health Measure-20 (outcome measure) completed prior to the appointment. This is the primary way that clients are assigned, however occasionally a client may be transferred to an intern to build their case load more quickly. Interns are expected to perform up to two initial appointments each week and carry a small case load. Student clients complete the BHM-20 prior to each session to track clinical outcomes and working alliance. An individual contract detailing clinical and non-clinical activities will be developed between the intern and the training director of the USF Counseling Center, and will be sent to the intern's training director and primary supervisor at James Haley Veterans' Hospital.

The USF Counseling Center uses Titanium software for electronic scheduling and record keeping, and interns will have a Titanium profile created for their use. In addition to providing direct clinical services, interns will participate in weekly individual supervision and interdisciplinary clinical team meetings. Interns will also have the opportunity to consult with psychiatry, primary care, and other healthcare providers from USF Student Health Services, as well as to participate in an Eating Disorder Treatment Team if they are working with clients with disordered eating concerns. Individual supervision at the center is provided by licensed psychologists, with a minimum of 1 hour scheduled per week, with additional supervision pending the intern's individualized contract.

**By the end of this external rotation the intern will be able to:**



1. Demonstrate familiarity with a college student population and common presenting issues.
2. Perform initial evaluations in which information is gathered quickly, initial rapport is established, a provisional diagnosis is made, and a treatment plan with collaborative goals is created.
3. Demonstrate proficiency in concise, thorough clinical documentation of initial appointment reports and progress notes.
4. Provide psychological interventions to a college student population that are evidence-based, goal-focused, and culturally appropriate.
5. Function effectively as part of an interdisciplinary clinical team, including case presentation and offering clinical consultation to other mental health providers.

**Competency areas addressed via:**

1. Research: The intern will utilize mental health literature to provide evidence-based psychological interventions to assist student clients. Supervisors will discuss empirical underpinnings of therapeutic interventions with interns and assign appropriate articles.
2. Ethical and Legal Standards: The intern will demonstrate knowledge of the applicable ethical and legal standards, including counseling center procedural guidelines, as they relate to provision of clinical services. The intern will be able to identify and discuss potential ethical dilemmas in a college student population. Through supervision, interns will become proficient in using ethical decision making models to support ethical decision-making.
3. Individual and Cultural Diversity: The intern will demonstrate awareness and knowledge of their own personal and cultural history/attitudes/biases and the ways in which those may intersect with those of the students that they counsel. The cultural identities and worldviews of the intern and supervisor will be discussed in individual supervision. In addition, discussion of individual and cultural differences on the part of the student clients will be a component of every case conceptualization and treatment plan developed.
4. Professional Values and Attitudes: The intern will demonstrate appropriate decorum and professionalism as it relates to professional identity and interaction with other trainees, staff, supervisors, clients and campus partners. Participation in clinical team will offer opportunities for appropriate demonstration of professionalism. The intern will be provided with scheduled individual supervision, and will also be afforded an "open-door" policy for seeking appropriate additional supervision on their own.
5. Communication and Interpersonal Skills: The intern will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, communication with clients, administrative staff, supervisors, and campus partners. The intern will be expected to present cases in supervision meetings, and will hone their skills in concise case presentation and discussion of differential diagnosis and treatment planning. Within written documentation, interns need to demonstrate clear and concise clinical documentation that uphold professional and legal requirements.
6. Assessment: The intern will gain skill in being able to conduct initial appointments as semi-structured intake interviews and combine with other sources of information to make a provisional diagnosis and a collaborative treatment plan with operationalized goals. The intern will have access to the center's assessment library and will also be able to integrate the results of comprehensive neuropsychological testing available through USF Student Health Services to inform treatment planning for clients that have utilized that service.
7. Intervention: A major focus of this rotation will be on development of effective short-term, goal-focused intervention skills utilized in treating a diverse college student population. Interns will gain proficiency in adapting evidence-based intervention models to serve each student's unique concerns and cultural characteristics.
8. Supervision: The counseling center uses an overarching, model of competency-based supervision, which provides a standard structure within which supervisors can incorporate their own supervision approach. Models of supervision will be discussed during individual supervision and various supervision techniques will be demonstrated in supervision sessions. Interns will have the opportunity to evaluate supervisors on their supervision competencies and therefore enhance their meta-supervisory skill set.
9. Consultation and Interprofessional/Interdisciplinary Skills: Consultation practices will be discussed and the intern will be expected to participate in direct consultation with students and colleagues verbally. Participation in clinical team meetings is an expectation and focus for growth throughout this rotation.

**ACUTE TRAUMA AND BURN: TAMPA GENERAL HOSPITAL PSYCHOLOGY**

Affiliated with the University of South Florida Morsani College of Medicine, Tampa General Hospital is a Level I Trauma Center serving the West Coast of Florida. In addition to Trauma Services, TGH houses the Tampa Bay Regional Burn Center, verified as a Burn Center through the American Burn Association. Primary services are provided in the acute hospital setting to all individuals with traumatic brain and spinal cord, and burn injuries. Services are provided in the ICU,

Neurosciences and Burn units. Opportunity is also available for evaluation of patients with general medical issues in the acute hospital setting.

The Trauma Psychologist is a member of the Trauma and Burn Service teams and provides consultation and therapy to acutely injured individuals. Lengths of stay vary, ranging from less than one week to several months, depending on a variety of individual and systemic factors. The general/health psychologist provides consultation to individuals referred from the general medical floors to assist with adjustment and coping. The psychologists help identify needs of the patient and family related to education, support and coping with the acute crisis and disruption in the family system. Initially, a crisis intervention model is applied. After the completion of the initial evaluation, a variety of therapeutic techniques may be employed, including brief individual interventions, family therapy, grief counseling, behavior management, psychoeducation and team consultation. Issues frequently encountered during this rotation include crisis intervention, acute stress disorder, coping with brain or SCI injury, PTSD, brief interventions for drug and alcohol use, pain management, anxiety disorders, adjustment to illness, acute stress issues, capacity to consent to treatment, death and dying/life support termination, and staff stress reactions.

**By the end of the rotation the intern will have:**

1. A basic knowledge of the physical, psychological and social impact of chronic and acute illness, and brain and spinal cord injuries.
2. Ability to utilize brief assessment and intervention techniques.
3. Experience working in a highly paced, multidisciplinary environment.
4. Basic skills in a consultation/liaison role.
5. Explore legal and ethical issues in an acute hospital setting.
6. Ability to complete a general medical consultation, generating a short term, focused treatment plan.
7. Ability to follow patients for therapeutic intervention.
8. Experience consulting with the medical and nursing team.
9. Actively participate in Trauma Rounds as a member of the Trauma Team.

**Competency areas addressed via:**

1. Ethical and legal standards: Interns will demonstrate knowledge of the applicable ethical and legal standards, as they relate to inpatient acute medical settings and psychological interventions. These may include Baker Act laws, confidentiality, etc. Interns will be able to identify and discuss potential ethical dilemmas occurring in an inpatient medical population during supervision.
2. Individual & Cultural Diversity: Interns will be exposed to, and interact with, a wide range of patients from various cultural and diverse backgrounds. Discussion of individual and cultural differences and the impact on health related behaviors and psychological factors, will be part of supervision and be a component of psychological evaluations and interventions. Assessments will incorporate measures that utilize appropriate test/norms for various cultural populations. Relevant supervisor-selected diversity readings will be dispersed throughout the rotation to be discussed in supervision. Additionally, interns will be expected to demonstrate awareness and knowledge of their own personal and cultural history/attitudes/biases and the ways in which those may intersect with - and potentially impact - their patients.
3. Professional Values and Attitudes: Active participation in the supervision process is expected, to include discussions regarding current skill level and improvement; gradual increase in independence in decision-making; and ability to prioritize the daily caseload. The intern is expected to seek appropriate consultation with the multidisciplinary treatment team staff. Interns will demonstrate appropriate decorum and professionalism as it relates to professional identity and interaction with other trainees, staff, supervisors, patients/families and consultees. Interns will be provided with scheduled individual supervision, as well as direct observation. The intern will be afforded an "open-door" policy for seeking appropriate supervision on their own.
4. Assessment: Interns will select, administer, interpret, and provide feedback of brief screening measures (RBANS, O-LOG, PHQ-9) include scores and interpretation in reports and in communication with other professionals on the interdisciplinary team; and use assessments to inform case conceptualization, differential diagnosis, treatment planning, and referral to specialty clinics.
5. Intervention: Interns provide brief, evidence based interventions for a variety of patients in the acute medical setting, to include management of suicidality, psychoeducation, emotional regulation, distress tolerance, mindfulness, stress-management, coping with acute and chronic illness, grief management, issues with death and dying, motivation for change and other issues relevant to a medical inpatient population. The focus of this rotation will be on providing services to individuals with a variety of medical illnesses/conditions, including TBI, stroke, SCI, cancer, and other illnesses.
6. Supervision: Interns discuss supervisory experiences and will learn various models of supervision.

7. Consultation and interprofessional/interdisciplinary skills: Consultation models and practices will be discussed. Interns may participate in interdisciplinary treatment team meetings; review consults and seek clarification of referral questions; do in-person and chart communication with referring providers and team members regarding case management and treatment needs; engage in direct consultation with patients and families verbally.
8. Communication and Interpersonal Skills: Interns will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, education to patients, families, and other staff. Interns will be expected to present cases to supervisors. Interns will hone their skills in concise case presentation, discussion of potential differentials, discussion of other assessment and treatment related issues, and development of effective therapeutic feedback skills.

## **PEDIATRIC REHABILITATION: TAMPA GENERAL HOSPITAL REHABILITATION SERVICES**

Affiliated with the University of South Florida College of Medicine, Tampa General Hospital offers one of the few pediatric rehabilitation programs in the area. Additionally, as a level one trauma center with many pediatric subspecialties, a full continuum of care is provided at TGH. Here we see children with a variety of developmental, medical and surgical diagnoses. In addition to 4-8 beds on the specialized Pediatric Rehabilitation unit, patients and families are seen in the intensive care unit, acute hospital and outpatient settings. Tampa General Hospital Rehabilitation Services is CARF accredited and designated as a Brain and Spinal Cord Injury Center by the state of Florida.

The Pediatric Rehabilitation program uses a multidisciplinary team approach to the management of rehabilitation needs in children. The team psychologist provides a range of individual, family, and team consultation interventions to promote optimal recovery of the child. As many children coming through the pediatric rehabilitation program have experienced an acute trauma, interns will gain a greater understanding of how to facilitate positive coping and adjustment. Emotional, cognitive, behavioral and academic assessment and treatment approaches are emphasized. Working closely with the family, the psychologist helps to identify issues that may impact progress in rehabilitation, successful adaptation to disability and the development of future productive roles. The team is comprised of a Pediatric Physiatrist, Pediatric Psychologist, Physical/Occupational/Speech Therapists, Child Life specialists, Hillsborough County Homebound teachers (school on site), Nurses, Pastoral Care and other treatment staff.

Evaluations typically involve chart review, clinical interview, collateral interview, team consultation, administration, scoring and interpretation of relevant tests, and preparation of an initial evaluation report. Reports include summary of findings as well as the establishment of objective and measurable goals, planned interventions, identification of barriers to rehabilitation and recommendations for additional needs. Individual and family psychotherapy, education, behavioral management and ongoing team consultation are provided. ***In order to be eligible for this rotation, students need to have significant prior pediatric experience.***

### ***By the end of the rotation, the intern will have:***

1. A basic working knowledge of developmental stages in coping with illness, trauma and hospitalization.
2. Regular participation as a member of a multidisciplinary team and serve a consultation/liaison role across settings.
3. Experience in counseling children and families through the rehabilitation process through the provision of psychotherapy, psychoeducation, and support.
4. Ability to formulate meaningful goals and recommendations for promoting engagement in the rehabilitation process as well as for future needs.
5. Ability to complete a comprehensive clinical interview with the child and their support system.
6. Active participation in Pediatric Rehab rounds.
7. The ability to write comprehensive psychological consultation reports and document the treatment process.

### **Competency areas addressed via:**

1. Research: The intern will utilize mental health literature to provide evidence-based psychological interventions to assist patients and their families. Supervisors will discuss empirical underpinnings of therapeutic interventions with interns and assign appropriate articles. Discussion in supervision will allow interns to demonstrate their ability to evaluate and discern the relevance of the scientific literature.
2. Ethical and Legal Standards: The intern will demonstrate knowledge of the applicable ethical and legal standards, as they relate to provision of clinical services. The intern will be able to identify and discuss potential ethical dilemmas in a rehabilitation population. Through supervision, interns will become proficient in using ethical decision making models to support ethical decision-making.
3. Individual and Cultural Diversity: The intern will demonstrate awareness and knowledge of their own personal and cultural history/attitudes/biases and the ways in which those may intersect with those of the patients that they

evaluate/treat. The cultural identities and worldviews of the intern and supervisor will be discussed in individual supervision. In addition, discussion of individual and cultural differences will be a component of every case conceptualization and treatment plan developed.

4. Professional Values and Attitudes: The intern will demonstrate appropriate decorum and professionalism as it relates to professional identity and interaction with other trainees, staff, supervisors, clients and campus partners. Participation in clinical team will offer opportunities for appropriate demonstration of professionalism. The intern will be provided with scheduled individual supervision, and will also be afforded an “open-door” policy for seeking appropriate additional supervision on their own.
5. Communication and Interpersonal Skills: The intern will be expected to demonstrate effective communication skills in both verbal and written modalities. This will include, but is not limited to, communication with patients, administrative staff, supervisors, and treatment team partners. The intern will be expected to present cases in supervision meetings, and will hone their skills in concise case presentation and discussion of differential diagnosis and treatment planning. Within written documentation, interns need to demonstrate clear and concise clinical documentation that uphold professional and legal requirements.
6. Assessment: The intern will gain skill in being able to conduct initial appointments as semi-structured intake interviews and combine with other sources of information to make a provisional diagnosis and a collaborative treatment plan with operationalized goals.
7. Intervention: A major focus of this rotation will be on development of effective short-term, goal-focused intervention skills utilized in treating a hospital pediatric population. Interns will gain proficiency in adapting evidence-based intervention models to serve each patient’s unique concerns and cultural characteristics.
8. Supervision: Models of supervision will be discussed during individual supervision and various supervision techniques will be demonstrated in supervision sessions. Interns will have the opportunity to evaluate supervisors on their supervision competencies and therefore enhance their meta-supervisory skill set.
9. Consultation and Interprofessional/Interdisciplinary Skills: Consultation practices will be discussed and the intern will be expected to participate in direct consultation with treatment team members. Participation in clinical team meetings is an expectation and focus for growth throughout this rotation.

## Internship Requirements for Completion

The internship training program requires one year of full-time training to be completed in no less than 12 months (2080 hour appointment). Interns must be on duty and involved in training for at least 90% of their appointment.

To successfully complete the internship, interns are expected to:

- (1) Demonstrate an appropriate level of professional psychological skill and competency, as described below, in the core competency areas
- (2) Average at least 14 hours/week in patient contact/care activities (i.e., “face-to-face” contact with patients or families for any type of group or individual therapy, psychological testing, assessment activities or patient education). Successful completion of the internship requires a minimum of 500 hours of clinical care activities.

## EVALUATION PROCEDURES

At the midpoint and end of each quarterly rotation, interns are evaluated by their rotation supervisor(s). At the end of each quarter, evaluations by their psychotherapy and assessment supervisors are also collected. An intern has the opportunity to review, comment on, and disagree with the evaluation before he/she signs it. Similarly, interns formally evaluate each rotation quarterly, as well as the psychotherapy and assessment supervisors and entire training experience at the end of the internship year.

## Competency-Based Evaluation System

Our intention is to make evaluation of interns' progress open, fair, and part of the learning process. Interns are included in all phases of evaluation from the initial agreement with training goals through the final evaluation. Ongoing feedback from supervisors during rotations and individual psychotherapy cases is presumed and interns should request clarification from supervisors if they are uncertain about their progress.

All competencies are evaluated in a graded and sequential manner over the training year. While it is expected that specific skills may fluctuate across rotations, particularly near the end of the year when trainees typically work in areas outside of their area of interest/advanced skill, competencies are expected to continue to improve/remain high throughout the training year.

The ratings used in our program are intended to reflect the developmental progression toward becoming an independent psychologist. At the end of each rotation, an intern must be rated by his/her supervisor and the Training Committee as satisfactory in his/her progress toward competence in each of the competency areas (Rotation Developmental Expectation: 80% of all elements across competency areas will be rated at goal, including critical items (marked \*). No elements will be less than 2 pts below goal.) To successfully complete the internship, interns must attain a rating of 5 or higher on all elements across competency areas. Competency ratings are based on the following:

- 6 Competency demonstrated at a distinguished level, notably beyond what is typically observed by interns who have completed their training year.
- 5 Competency demonstrated at an independent level. Trainee is independent in all aspects of the clinical activity. Trainee does not require supervision and can function autonomously as an independent general practitioner. (GOAL FOR END OF ROTATION 4 and COMPLETION OF INTERNSHIP)
- 4 Competency attained in all but non-routine cases, though supervisor provides overall management of trainee's activities. Trainee demonstrates increasing ease and integration of advanced skills and proficiency is emerging in routine cases. Supervision/consultation may be necessary in non-routine situations, though depth of supervision varies as clinical needs warrant. (GOAL FOR END OF ROTATION 3)
- 3 Basic skills are implemented with ease and more complex skills are emerging. Trainee demonstrates emerging competency in routine cases. Routine supervision of most activities, though depth of supervision varies as clinical needs warrant. (GOAL FOR END OF ROTATION 2)
- 2 Basic skills have been acquired and trainee implements them with increasing ease, but continues to require routine supervision of each activity. (GOAL FOR END OF ROTATION 1)
- 1 Skills are new or emerging, and trainee needs assistance in implementing them. Routine, and occasionally intensive supervision is needed, particularly in unfamiliar training areas. (May require remediation plan if rated on majority of items at the END OF ROTATION 1).

## TRAINING STAFF

All members of the Psychology training staff have clinical responsibilities. In addition, they all serve in a variety of other professional roles: as faculty members in the College of Medicine and other university departments, as office holders in professional organizations, in administrative roles within the hospital and VA nationally, and as researchers. In the following pages, we provide a brief description of our psychology training staff. They are listed alphabetically with information regarding their doctoral training program, primary clinical responsibility, faculty appointments, and clinical interests.

**Leila S. Abuelhiga, Ph.D.** – Fairleigh Dickinson University, 2018.

Clinical Psychologist, Mental Health Clinic

Clinical Interests: Trauma/PTSD/complex trauma, psychological assessment, mood disorders, personality disorders, interpersonal issues, insight-oriented psychotherapy and evidence based treatments

**Christy Allen Ph.D.**- Northern Illinois University, 2019

Clinical Psychologist, Military Sexual Trauma (Women's Health Center)

Clinical Interests: Treatment of sexual trauma sequelae, evidence-based treatment for PTSD, social support and interpersonal processes post-trauma

**Catherine Arce, Ph.D.** – Rosalind Franklin University of Medicine and Science, 2001

Clinical Psychologist, Women's Healthcare Center

Clinical Interests: Women's Issues; Trauma-related treatment; Anxiety Disorders; Diversity and culturally-minded therapy

**Erin Bailey, Ph.D., ABPP-Cn** – Alliant International University – CSPP-San Francisco, 2014

Clinical Neuropsychologist, Outpatient Neuropsychology

Assistant Professor, College of Medicine, University of South Florida

Clinical/Research Interests: Dementias, Neurobehavioral Syndromes, Geriatric Neuropsychology, Decision-Making Capacity, Epilepsy, COVID-19

**Vijay Bajnath, Psy.D.** – Nova Southeastern University, 2021

Fellowship in Primary Care – Mental Health Integration, Veterans Affairs Maryland Healthcare System

Clinical Psychologist, Inpatient Consultation/Liaison and Transplant Clinic

Primary clinical interests: Integrated care, health behavior change, brief intervention

**Jenny Bannister, Ph.D.** – University of Houston, 2016

Counseling Psychologist, PTSD Clinical Team

Clinical Interests: Trauma/PTSD, guilt and shame, attachment theory, trauma-related sleep concerns, female and male MST, complex trauma, first responders, PTSD treatment for couples, complex grief

**Estefany S. Bologna, Ph.D.**- Jackson State University, 2019

Clinical Psychologist, Women's Health Center

Clinical Interests: Treatment of trauma and sexual trauma among women, reproductive mental health, advocacy and treatment of racial minorities.

**Patricia Cabrera-Sanchez, Ph.D.** – SUNY- Albany, 2017

Staff Psychologist, Primary Care Mental Health Integration

Primary clinical interests: psychosocial functioning in chronic illness, health behaviors and prevention, integrated primary care

**Stephanie A. Canada, Ph.D.** – Rosalind Franklin University of Medicine and Science, 2005

Clinical Psychologist, Spinal Cord Injury Rehabilitation Program

Clinical Interests: Health Psychology, Health Disparities in Ethnic/Minority Populations, Rehabilitation Outcomes.

**Ryan Coppens, Ph.D.** – Southern Illinois University, 2018

Clinical Psychologist, PTSD Clinical Team

Clinical Interests: Trauma/PTSD, complex trauma



**Brittany C Davis, Ph.D.** – Alliant International University, 2012

Clinical Psychologist, PTSD Clinical Team

Clinical Interests: Trauma/PTSD; Trauma Related Guilt and Shame; Moral Injury; Substance Use Disorders – Treatment and Prevention; Comorbid Disorders; Reintegration Stress

**Mark D. DelGuercio, Psy.D.** – Philadelphia College of Osteopathic Medicine, 2018

Psychologist, Primary Care Mental Health Integration (PCMHI)

Clinical Interests: anxiety, insomnia, PTSD, substance use disorders

**Jennifer J. Duchnick, Ph.D., ABPP-Rp** – Auburn University, 2001

Assistant Training Director, Rehabilitation Psychology Postdoctoral Fellowship Program

Clinical Neuropsychologist, Polytrauma Transitional Rehabilitation Program

Clinical Interests: TBI, SCI, Neuropsychology, Rehabilitation Psychology, Rehabilitation Outcomes

**Milagros Evardone, Ph.D.** – Texas A&M University, 2009

Clinical Psychologist, Polytrauma Transitional Unit

Clinical Interests: Rehabilitation psychology; gender differences in psychopathology and rehabilitation; diversity issues

**Ronald J. Gironda, Ph.D.** – Kent State University, 1998

Chief, Psychology Service, Clinical Psychologist

Clinical Interests: Chronic Pain Treatment, Treatment Outcomes Assessment, Psychological Assessment, Spinal Cord Injury/Dysfunction

**Kimberly M. Gronemeyer, Psy.D.** – Florida Institute of Technology, 2000

Clinical Psychologist, Inpatient Psychiatry

Clinical Interests: Severe and Persistent Mental Illness, Personality Disorders, Dialectical Behavior Therapy, Forensic Evaluation and Treatment, Psychological Assessment, Crisis Intervention

**Philip P. Haley, Ph.D.** - University of Alabama, 2012

Clinical Psychologist, Geriatric Psychiatry Outpatient Clinic

Clinical Interests: Depression, Adjustment to Aging, Dementia

**Amber S. Hassan, Psy.D.** – Nova Southeastern University, 2019

Clinical Psychologist, Women's Health Center

Clinical Interests: Treatment of childhood and sexual trauma, working with and advocating for gender and sexual minorities, addressing race-based traumatic stress

**Erica Healey, Psy.D.** – Boston College, 2003 and William James College, 2015

Rehabilitation Psychologist, Spinal Cord Injury Rehabilitation Program

Clinical Interests: Adjustment to disability, chronic pain, mindfulness-based approaches, biofeedback-assisted stress management

**Danielle Herring, Ph.D.** – University of Central Florida, 2019

Clinical Neuropsychologist, Polytrauma Rehabilitation Program, Post-COVID Rehabilitation Program

Clinical Interests: Neuropsychology, Rehabilitation Psychology, TBI, Stroke, COVID-19, Cognitive Rehabilitation

**Amber Hudspeth, Psy.D.** – Indiana University of Pennsylvania, 2012

Clinical Psychologist, MST Coordinator - Military Sexual Trauma Program & Outpatient Mental Health Clinic

Primary clinical interests: Dialectical Behavior Therapy, Personality Disorders, Trauma Recovery, Eating Disorders, and Insomnia

Primary Research Interests: Dialectical Behavior Therapy, Sexual Trauma, and Cognitive Behavioral Therapy for Eating Disorders

**Dawn Johnson, Ph.D.** – Virginia Commonwealth University, 2003

Clinical Psychologist- Primary Care Mental Health Integration

Clinical interest: Smoking Cessation

**Nick Joyce, Ph.D.** - University of Akron, 2012

Counseling Psychologist, Coordinator of Online Assisted Therapies, USF Counseling Center

Clinical Interests: Mindfulness, alcohol and drug use, positive psychology, wellness, depression, anxiety, men's issues, couples work, performance and motivation

**Joel E. Kamper, Ph.D., ABPP-Cn** -Loma Linda University, 2013

Assistant Training Director, Clinical Neuropsychology Postdoctoral Residency Program

Clinical Neuropsychologist, Outpatient Neuropsychology & Medical C&L Neuropsychology

Clinical Interests: Dementias, Neurobehavioral Syndromes, TBI, Clinical Research

**Kristen M. Keune, Ph.D.** – University of Missouri, Kansas City, 2008

Clinical Psychologist, Women's Health Center

Psychotherapy Seminars Facilitator for the Psychology Internship

Clinical interests: Women's issues, Trauma, Eating Disorders

**Tracy S. Kretzmer, Ph.D. ABPP-Cn** – University at Alabama, Birmingham 2006

Clinical Neuropsychologist, Polytrauma Rehabilitation Program

Assistant Professor, USF Department of Psychology

Clinical Interests: Neuropsychology, TBI, Mood-related Cognitive Dysfunction, Stroke

**Katherine Leventhal, Ph.D.** – Kent State University, 2014

Clinical Psychologist, Primary Care - Mental Health Integration

Clinical Interests: Integrated Primary Care, Brief Psychotherapy, Chronic Disease Self-Management

**Marie-Claude Laplante, Ph.D.** – University of Ottawa, 2003

Clinical Psychologist, Women's Health Center

Local Evidence-Based Psychotherapy Coordinator for JAHVH medical center

Coordinator of core psychotherapy cases for the Psychology Internship

Clinical interests: evidence-based psychotherapies, trauma & PTSD, depression & anxiety disorders, Cognitive-Behavioral Therapy

**Joohyun Lee, Ph.D.** – Eastern Michigan University 2016

Clinical Psychologist, Primary Care – Mental Health Integration

Clinical Interests: Integrated primary care, insomnia, emotion regulation, cross-cultural considerations in treatment

**Jennifer McCain, Psy.D., ABPP-Cn**—Long Island University-CW Post, 1996

Clinical Neuropsychologist, Children's Medical Center and Rehabilitation Services

Clinical Interests: Concussion, Traumatic Brain Injury, Adverse Childhood Experiences, Trauma-Informed Care

**Shannon R. Miles, Ph.D.** – University of Tulsa, 2013

Clinical Psychologist, PTSD Clinical Team

Clinical Interests: PTSD, aggression, emotion regulation

**Stephanie N. Miller, Ph.D.** – Kent State University, 2009

Clinical Psychologist, Suicide Prevention Team

Clinical Interests: Suicide Prevention & Risk Assessment/Management, MMPI-2/MMPI-2-RF, Psychological Assessment, Forensic Assessment

**Vanessa Milsom, Ph.D.** – University of Florida, 2010

Program Manager, Health & Hospital

Clinical Psychologist, Primary Care - Mental Health Integration

Clinical Interests: Integrated Primary Care, Weight Management, Eating Disorders

**Christopher J. Monahan, Ph.D.** – University of Memphis, 2013

Clinical Psychologist, Substance Use Disorder Treatment Program

Clinical Interests: Motivational Interviewing, SUD/Dual Diagnosis, Sleep, Evidence-based Psychotherapies

**Jeffrey M. Morris, Psy.D.** – Indiana State University, 2006

Clinical Psychologist, Mental Health Clinic

Clinical Interests: Individual Therapy, CBT, Anxiety Disorders, Depression, Substance Dependence/Abuse

**Nicole L. Murray, Psy.D.** – Florida Institute of Technology, 2020

Staff Psychologist, Trauma Recovery Program

Psychology Intern Supervisor/Postdoctoral Assessment Supervisor

Clinical Interests: Psychological Assessment, Sexual Health/Functioning, Moral Injury

**Thomas M. Oswald, Psy.D.** – Nova Southeastern University, Clinical Psychology, 2015

Rehabilitation Neuropsychologist, Polytrauma and Rehabilitation Units

Clinical interests: TBI, Stroke, General Rehab, Functional Neurological Disorder, & Team Dynamics

**Sara Anderson Powell, Psy.D.** - Illinois School of Professional Psychology, 1985

Clinical Psychologist - Couples and Family Therapist, Mental Health Clinic

Clinical Interests: Marriage and Family Therapy, Individual and System Developmental Phases over the Lifespan,

**Terry Ransom-Flint, Ph.D.** – The Ohio State University, 2006

Clinical Psychologist at Tampa General Hospital; TGH Psychology Neuropsychology

Clinical Interests: Anxiety disorders, mood disorders, adjustment to chronic medical conditions, acquired disabilities

**Hege Riise, Ph.D.** - Southern Illinois University, 2011

Clinical Psychologist, USF Counseling Center

Clinical Interests: Trauma and recovery; working with gender, sexuality, and relationship minorities; diversity and social justice; international student concerns; women's issues

**David Ritchie, Psy.D.** ABPP-Cn – Nova Southeastern University, 2013

Clinical Neuropsychologist, Outpatient Neuropsychology Clinics

Clinical Interests: Neuropsychological integration within primary care settings

**Bethan Roberts, Ph.D.** – University of Kentucky, 2017

Psychologist, Geropsychology, Community Living Center

Clinical Interests: Aging, Adjustment to Disability & Life transitions, Dementia Care, Cognitive Assessment

**Michael Rogers, Ph.D.** - University of California Santa Barbara, 2012

Counseling Psychologist, Training Director, USF Counseling Center

Clinical Interests: College student development, multicultural counseling, LGBTQ+ emotional health, group counseling, gender and sexuality concerns

**Suzanne E. Shealy, Ph.D.** – University of South Florida, 1990

Clinical Psychologist, Alcohol and Drug Abuse Treatment Program; Clinical Director, Veterans' Domestic Violence Intervention Program

Adjunct Clinical Professor, Counseling Center for Human Development, USF

Clinical Interests: Substance Abuse Treatment, Domestic Violence, Chronic Pain, Health Promotion

**Marc A. Silva, Ph.D.** -- Marquette University, 2011

Neuropsychologist, Polytrauma Rehabilitation Program

Assistant Professor, Dept. of Internal Medicine, University of South Florida

Assistant Professor, Dept. of Psychiatry and Behavioral Neurosciences, University of South Florida

Courtesy Faculty, Department of Psychology, University of South Florida,

Clinical and Research Interests: Assessment, Brain Injury, Sleep Disturbance

**Richard Enrico Spana, Ph.D.** – University of South Florida, 1992

Psychologist, Brooksville CBOC Mental Health Clinic

Psychological testing, treatment of childhood and adult abuse/trauma, interpersonal psychotherapy

**Jessica L. Vassallo, Ph.D., ABPP-Cn** – Fairleigh Dickinson University, 2004

Director of Training, Psychology Training Programs

Clinical Neuropsychologist, Memory Disorder / General Outpatient Neuropsychology Clinics

Clinical Interests: Neuropsychology, Dementia, Epilepsy, Neuropsychological Interventions

**Luzimar Vega, Psy.D.** – Nova Southeastern University, 2016

Clinical Psychologist, Polytrauma Rehabilitation Program

Clinical Interests: Posttraumatic Stress Disorder, Evidence-based Psychotherapies, Traumatic Brain Injury, Diversity

**Lauren Weber, Ph.D., ABPP-Gp** - Adelphi University, 2011

Assistant Training Director, Internship Training Program

Clinical Psychologist, Geropsychiatry Outpatient Clinic

National Consultant for IPT EBP Initiative

Clinical Interests: Aging, Assessment & Treatment of Major Neurocognitive Disorders, Adjustment to Chronic Illness/Disability, Caregiver Support, Program Evaluation.

**Nicole Williamson, Ph.D.** - University of North Carolina at Chapel Hill, 2015

Pediatric Psychologist at Tampa General Hospital: Department of Pediatric Rehabilitation, Medical Coping Clinic

Clinical Interests: Effective coping, resilience, and adjustment while managing a chronic medical condition.

**Jaime L. Winn, Ph.D.** – University of New Mexico, 2007

Clinical Practicum Coordinator

Clinical Psychologist, Substance Use/Disorders Treatment Program

Clinical Assistant Professor, Department of Psychiatry and Neurosciences, USF

Clinical Assistant Professor, Counseling Center for Human Development, USF

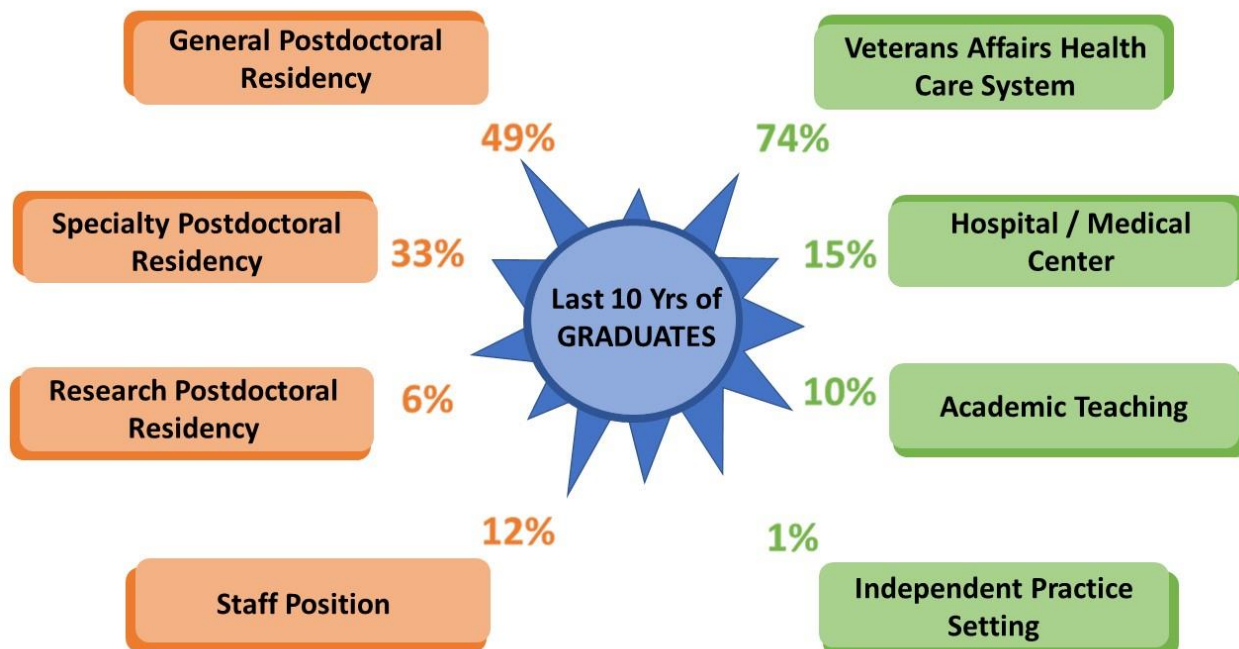
Clinical Interests: Addiction, Smoking Cessation, Women in Addiction Recovery

**Alycia Zink, Ph.D.** -

Clinical Psychologist, MST Program, Women's Healthcare Center

Clinical Interests: Trauma/PTSD in Women, Sexual trauma, Dialectical Behavior Therapy

## Internship Admissions, Support, and Initial Placement Data



Most common APA Post-Internship Position Categories (IR-C-27)

## Trainees (2013 to present only)

*Past/current interns are listed below by year, graduate school, type of graduate program, and degree earned.*

<b>Year</b>	<b>Graduate School</b>	<b>Program</b>	<b>Degree</b>
2022-2023	Midwestern Univ.	Clinical	Psy.D.
	Univ. of Binghamton/SUNY	Clinical	Ph.D.
	William Patterson Univ.	Clinical	Psy.D.
	Univ. of Kansas	Clinical	Ph.D.
	Univ. of Florida	Clinical	Ph.D.
	Univ. of Wisconsin-Milwaukee	Clinical	Ph.D.
	Florida State University	Clinical	Ph.D.
	Univ. of Denver	Clinical	Psy.D.
2021-2022	Florida Institute of Technology	Clinical	Psy.D.
	Our Lady of the Lake Univ.	Counseling	Psy.D.
	West Virginia Univ.	Clinical	Ph.D.
	Virginia Commonwealth Univ.	Clinical	Ph.D.
	Georgia State Univ.	Clinical	Ph.D.
	Univ. at Buffalo (SUNY).	Clinical	Ph.D.
	Univ. of Houston	Clinical	Ph.D.
	Univ. of South Alabama	Combined	Ph.D.
2020-2021	Florida Institute of Technology	Clinical	Psy.D.
	Palo Alto Univ.	Clinical	Ph.D.
	William Patterson University	Clinical	Psy.D.
	Virginia Commonwealth Univ.	Clinical	Ph.D.
	Univ. of Connecticut	Clinical	Ph.D.
	Rosalind Franklin Univ.	Clinical	Ph.D.
	Univ. of Houston	Counseling	Ph.D.
	Univ. of Georgia	Clinical	Ph.D.
2019-2020	Univ. of Nebraska, Lincoln	Clinical	Ph.D.
	Univ. of Tulsa	Clinical	Ph.D.
	Univ. of N. Carolina, Charlotte	Clinical	Ph.D.
	Univ. of Alabama, Birmingham	Clinical	Ph.D.
	Univ. of Alabama, Birmingham	Clinical	Ph.D.
	Univ. of Central Florida	Clinical	Ph.D.
	Western Michigan Univ.	Clinical	Ph.D.
	Rutgers Univ. of NJ	Clinical	Psy.D.
2018-2019	Kent St. Univ.	Clinical	Ph.D.
	Univ. of Kentucky	Counseling	Ph.D.
	FL Institute of Technology	Clinical	Psy.D.
	Univ. of Alabama, Tuscaloosa	Clinical	Ph.D.
	Univ. of Alabama, Birmingham	Clinical	Ph.D.
	Wayne State Univ.	Clinical	Ph.D.
	Nova Southeastern Univ.	Clinical	Psy.D.
	Univ. MO – St. Louis	Clinical	Ph.D.
2017-2018	Univ. of Denver	Clinical	Psy.D.
	Cleveland State Univ.	Counseling	Ph.D.
	Univ. of Cincinnati	Clinical	Ph.D.
	FL Institute of Technology	Clinical	Psy.D.
	Univ. of Wisconsin – Milwaukee	Clinical	Ph.D.
	Univ. of Florida	Clinical	Ph.D.
	Pacific Grad School of Psych.	Clinical	Ph.D.
	Nova Southeastern Univ.	Clinical	Psy.D.

2016-2017	Univ. of Alabama, Birmingham	Clinical	Ph.D.
	SUNY – Albany	Counseling	Ph.D.
	Kent St. Univ.	Clinical	Ph.D.
	Univ. South FL	Clinical	Ph.D.
	Univ. Central FL	Clinical	Ph.D.
	FL School Prof. Psych	Clinical	Psy.D.
	Univ. South FL	Clinical	Ph.D.
	Alliant – San Diego	Clinical	Ph.D.
2015-2016	Univ. Southern Miss	Counseling	Ph.D.
	Univ. Miami	Clinical	Ph.D.
	Roosevelt Univ	Clinical	Psy.D.
	Univ. MO – St. Louis	Clinical	Ph.D.
	Wayne St. Univ.	Clinical	Ph.D.
	Adler School Prof. Psych.	Clinical	Psy.D.
	Univ. Houston	Counseling	Ph.D.
	Univ. Houston	Clinical	Ph.D.
2014-2015	Florida State. Univ	Counseling/School	Ph.D.
	FL Institute of Technology	Clinical	Psy.D.
	Roosevelt Univ.	Clinical	Psy.D.
	Univ. Tulsa	Clinical	Ph.D.
	Wayne St. Univ	Clinical	Ph.D.
	Pacific Grad School of Psych.	Clinical	Ph.D.
	Loma Linda Univ.	Clinical	Ph.D.
2013-2014	Drexel Univ.	Clinical	Ph.D.
	Univ. of Cincinnati	Clinical	Ph.D.
	Geo. Wash. Univ.	Clinical	Ph.D.
	Western Mich. Univ.	Clinical	Ph.D.
	Kent St. Univ.	Clinical	Ph.D.
	Univ. Central FL	Clinical	Ph.D.
	Seton Hall Univ.	Counseling	Ph.D.
	Univ. South FL	Clinical	Ph.D.
	Antioch. Univ.– New England	Clinical	Ph.D.

**Date Program Tables are updated: 8/30/2022****Program Disclosures**

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?

No

If yes, provide website link (or content from brochure) where this specific information is presented:

N/A

**Internship Program Admissions**

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:**

What we are looking for are individuals with solid foundational training and practicum experience in both psychotherapy and psychological evaluation, who are clearly interested in learning and motivated to develop further professionally during the internship year. We are a scientist-practitioner program and also look for evidence of similar interest/values. We examine not only the total number of hours, but also the quality of the practicum sites at which training occurred. Some of the measures we utilize in evaluating the quality of practicum site include, the proportion of supervision hours relative to face-to-face patient contact hours and the number of comprehensive psychological evaluation reports completed by the applicants. We carefully read the letters of recommendation and APPIC application essays to look at writing abilities, concise and systematic thought processes, organizational skills, and personal/interpersonal qualities.

**Does the program require that applicants have received a minimum number of hours of the following at time of application?** If Yes, indicate how many:

Total Direct Contact Intervention Hours	Minimum required: Yes, Amount = 350 hours
Total Direct Contact Assessment Hours	Minimum required: Yes, Amount = 150 hours

**Describe any other required minimum criteria used to screen applicants:**

While we list minimum requirements for direct contact hours, we carefully examine the APPIC application and look for number and balance between direct contact assessment and therapy hours (**500 combined hours minimum required**). We recognize that the COVID19 situation has altered many applicants' hours and we will account for this in our selection processes (e.g., alterations in the balance of assessment to intervention hours). We examine not only the total number of hours, but also the quality of the practicum sites at which training occurred.

**Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Interns	<b>\$26,297</b>
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	No
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	PTO/Vacation leave accrues at the rate of 4 hours every two

	weeks, amounting to 13 vacation days
Hours of Annual Paid Sick Leave	Sick leave accrues at the rate of 4 hours every two weeks, amounting to 13 sick days
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): All Federal Holidays off; 5 days authorized absence for approved professional activities (e.g., conferences, workshops, etc.).	

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

### Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021
Total # of interns who were in the 3 cohorts	24
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=2, ED=0
Community mental health center	PD=0, ED=0
Consortium	PD=0, ED=0
University Counseling Center	PD=0, ED=0
Hospital/Medical Center	PD=2, ED=0
Veterans Affairs Health Care System	PD=19, ED=1
Psychiatric facility	PD=0, ED=0
Correctional facility	PD=0, ED=0
Health maintenance organization	PD=0, ED=0
School district/system	PD=0, ED=0
Independent practice setting	PD=0, ED=0
Other	PD=0, ED=0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.



## Facility and Training Resources

Interns share two large offices in which there are individual workstations with computers. Interns have access to other offices for therapy and evaluations. The offices are all equipped with networked computers that allow access to the computerized medical record system, productivity software, internet/intranet and email. Administrative assistance for clinical activities such as scheduling initial or return outpatient appointments is provided by the Hospital Administrative Service (HAS) clerks assigned to the various mental health clinics and inpatient units. Administrative tasks such as requesting a change in work hours, days off, and so forth are facilitated by the MH&BS time keeper, other MH&BS administrative staff, and the Training Director and Assistant Training Director.

The Medical Library is open 24/7 for staff and trainees. It has 12 computers, and is conveniently located near the cafeteria and auditorium of the main hospital. The hospital maintains its own professional library listing of books and journals, although the majority of professional literature is available online. Our hospital library provides access to more than 7,000 print and electronic journals, as well as access to MEDLINE, PSYCHLIT, and other databases. The main library at the University of South Florida houses over 1,500,000 volumes including 4,900 journal subscriptions. In addition, the USF College of Medicine library, which is directly across the street from the VA medical center, maintains over 88,000 books including over 1,400 journal subscriptions. Literature searches and complete bibliographies with abstracts are available upon request.

Commonly used psychological tests are available from rotation supervisors and from within the Mental Health Assistant option in the Computerized Patient Record System. Among these are numerous specialized psychological and neuropsychological tests and surveys in the areas of chronic pain, trauma, family and interpersonal functioning, coping, stress, adjustment to disability, language/verbal abilities, learning and memory, executive functioning, attention, mental control, visuoperceptual/sensorimotor functioning, and abstract problem solving.

## THE TAMPA ENVIRONMENT

The James A. Haley Veterans' Hospital is located in Tampa, Florida. Tampa is a growing metropolitan area which serves as the county seat of Hillsborough County and is the second most populous city in the state. The city is situated on the west coast of Central Florida, 266 miles northwest of Miami and 197 miles southwest of Jacksonville. With a population of almost 1.3 million based on 2000 census projections for 2013, Hillsborough County is composed of several residential, industrial, and agricultural communities which are interspersed with orange groves and cattle ranches. The climate is generally mild with an average annual temperature of 73 degrees. Freezing temperatures are rare, as are those of more than 95 degrees.



Because of its climate, opportunities for outdoor recreation activities abound. The coastal waters of the Gulf of Mexico and Tampa Bay offer a broad spectrum of water sports – water skiing, swimming, deep-sea fishing, power boating, sailing, board sailing, and scuba diving. Freshwater fishing is also available in the numerous local lakes. Residents enjoy facilities and activities year-round because there is little change in the seasons. Golf is very popular locally and many public and private courses are available. Bike trails are numerous throughout the Hillsborough, Pinellas, and Pasco counties.



### Cultural Environment and Activities

A variety of arts and cultural activities can be found in the Tampa Bay area. Because of Florida's early history in the exploration of the "New World," Tampa has a very large population of Hispanic and Latinx residents (23.1% of the population). The African-American population is also well represented (26.2% of the population). Events celebrating the heritage and contribution of various ethnic cultures to the area occur throughout the year. For example, the Tampa Bay Black Heritage Festival, Festival del Sabor, Asia Fest, Tampa Pride Parade, and the Tampa International Gay & Lesbian Film Festival are all popular annual events that highlight the region's diversity.

The University of South Florida, located just across the street from the hospital, has an active and acclaimed drama and fine arts program. Film, dance, stage productions, and repertory companies are regular offerings of the Tampa Theatre and Tampa Bay Performing Arts Center (both located in downtown Tampa) and the world-famous Asolo Theater (located approximately 50 miles south of Tampa, in Sarasota). Tampa has also become a popular stop for touring musicians. The Amphitheater, Amalie Arena, Raymond James Stadium, and the USF Sundome are popular venues for contemporary music and have hosted top artists. Across Tampa Bay, St. Petersburg is home to the Dale Chihuly glass museum, the Salvador Dali museum, which is the only exclusive museum of this artist's works in the world, and the Mahaffey Theater. See <http://cltampa.com/> for current cultural events in the Tampa/St. Pete area. For sports fans, there are seven major league baseball spring training camps within 20 miles of Tampa. The Tampa Bay area is also home to several professional sport franchises, including the Buccaneers, the Rays, and the Lightning. The Tampa Bay Rowdies are a professional soccer team that plays in neighboring St Petersburg.





Well-known tourist attractions also lie in close proximity to Tampa. Busch Gardens and Adventure Island Water Park are only 3 miles from the hospital. The various Disney World theme parks and Universal Studios are 75 miles east of Tampa in Orlando, and the Ringling Brothers Museum is located in Sarasota. Tampa itself is home to a world-class aquarium (the Florida Aquarium) in downtown Tampa harbor and an award-winning zoo, Lowry Park Zoo.



The Tampa Bay area has numerous quality educational institutions including the University of South Florida with an enrollment of over 49,000 students and colleges in Architecture, Arts and Letters, Business Administration, Education, Engineering, Fine Arts, Medicine, Natural Sciences, Nursing, and Social and Behavioral Sciences. The University of Tampa, located in downtown Tampa, has an enrollment of about 8,000 students. Both Hillsborough County and neighboring Pinellas County have well-regarded community colleges. In addition to the higher educational facilities, there are excellent public, parochial, and technical school systems.



## ADMINISTRATIVE POLICIES AND PROCEDURES

### ANNUAL AND SICK LEAVE

Accumulated according to standard VA policy: 4 hours of sick leave and 4 hours of vacation leave are earned every two-week pay period. Interns are allowed up to 5 days authorized absence for professional and educational activities. Interns must not exceed 10% of their appointed time with accrued leave during the year.

### COLLECTION OF PERSONAL INFORMATION

We collect no personal information from you when you visit our website. If you are accepted as an intern, some demographic descriptive information is collected and sent to the American Psychological Association as part of our annual reports for accreditation. This information is treated as confidential by APA and used for accreditation purposes only. Contact the Commission on Accreditation for more information ([apaaccred@apa.org](mailto:apaaccred@apa.org)). Interns must meet physical and

health requirements as part of the onboarding process. This information is treated as confidential and can be verified via source documentation or a statement from a healthcare professional attesting that the intern meets the health requirements for VA training (see <https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf> for a full description of eligibility criteria).

## UNSATISFACTORY OR DELAYED PROGRESS

Most issues of clinical or professional concern are relatively minor and can be addressed in open and ongoing assessment of skills by the intern and immediate supervisor. However, the following procedures are designed to advise and assist interns performing below the program's expected level of competence when ongoing supervisory input has failed to rectify the issue (Reference: Psychology SOP 116ak-02):

- A. Definition of Problematic Performance: Problem behaviors are said to be present when supervisors perceive that a trainee's competence, behavior, attitude, or other characteristics significantly disrupt the quality of his or her clinical services; his or her relationship with peers, supervisors, or other staff; or his or her ability to comply with appropriate standards of professional behavior. It is a matter of professional judgment as to when such behaviors are serious enough to constitute "problematic performance."
  1. Definition of Illegal, Unethical, or Inappropriate Behavior: Behaviors which reflect poor professional conduct, disregard for policies and procedures of the Service and the Hospital, and/or ethical or legal misconduct will be taken seriously and addressed immediately. It is a matter of professional judgment as to when such behaviors are serious enough to constitute unethical or inappropriate behavior.
- B. Informal Process for Remediation of a Serious Skill and/or Knowledge Deficit: Clinical supervisors/staff who determine that a trainee is not performing at a satisfactory level of competence are expected to discuss this with the trainee and initiate procedures to informally remediate the skill/knowledge deficit. This may include providing additional supervisory guidance and directing the trainee to additional resources (e.g., didactics, additional clinical experiences). No formal communication with the Training Director(s) is required at this point. Occasionally, the problem identified may persist and/or be of sufficient seriousness that the trainee may not achieve the minimum level of competency to receive credit for completion of the program unless that problem is remediated. As soon as this is identified as the case, the problem must be brought to the attention of the Training Director(s), and the clinical supervisor should note in writing the concerns that led to the identification of the skill/knowledge deficit and the remedial steps that were attempted. At this point, a formal remediation plan will be initiated, following the procedures outlined below.
- C. Informal Staff or Trainee Complaints or Grievance Process: Clinical supervisors/staff and/or trainees are encouraged to seek informal redress of minor grievances or complaints directly with the other party, or by using a mentor, other clinical supervisor, the Assistant Training Director, or the Training Director as go-betweens. Such informal efforts at resolution may involve the Psychology Service Chief as the final arbiter. Failure to resolve issues in this manner may eventuate in a formal performance/behavior complaint or trainee grievance as the case may be, following the procedures outlined below. Should the matter be unresolved and become a formal issue, the trainee is encouraged to utilize the designated mentor, or in the case of conflict of interest, another clinical supervisor or senior staff member, as a consultant on matriculating the formal process.

Procedures for Responding to Problematic Performance: When it is identified that a trainee's skills, professionalism, or personal functioning are problematic, the Training Committee, with input from other relevant supervisory staff, initiates the following procedures:

- A. As soon as problematic performance is identified, the problem must be brought to the attention of the Training Director(s), and the clinical supervisor should note in writing the concerns that led to the identification of the problematic performance and the remedial steps that were attempted. Trainee evaluation(s) will be reviewed with discussion from the Training Committee and other supervisors, and a determination made as to what action needs to be taken to address the problems identified.
- B. After reviewing all available information, the Training Committee may adopt one or more of the following steps, or take other appropriate action:

1. The Training Committee may elect to take no further action.
2. The Training Committee may direct the supervisor(s) to provide constructive feedback and methods for addressing the identified problem areas. If such efforts are not successful, the issue will be revisited by the Training Committee.
3. For interns, the trainee's graduate program Director of Clinical Training may be consulted on the matter, depending on the seriousness of the issue(s).
4. Where the Training Committee deems that *informal remedial* action is required, the identified problematic performance or behavior must be addressed. Possible remedial steps may include (but are not limited to) the following:
  - i. Increased supervision, either with the same or other supervisors.
  - ii. Change in the format, emphasis, and/or focus of clinical work and supervision.
  - iii. Change in rotation or adjunctive training experiences
5. Alternatively, depending upon the gravity of the matter at hand, the Training Committee may issue a *formal Remediation Plan notice* which specifies that the Committee, through the supervisors and Training Director(s), will actively and systematically monitor for a specific length of time, the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The *Remediation Plan* is a written statement to the trainee that includes the following items:
  - A description of the problematic performance behavior.
  - Specific recommendations for rectifying the problems.
  - A time frame for remediation during which the problem is expected to be ameliorated.
  - Remediation plans will be tied directly to the program's identified competencies.

For interns, the trainee's graduate program Director of Clinical Training is not notified of the problem during the rotation when the problem is first identified in order to allow time for improvement, unless the problem identified is judged to be a major problem that is likely to result in the intern's failure or dismissal from the internship. If deficiencies persist into the next rotation, written communication to the intern's graduate program will occur outlining the identified problem(s), the plan for remedial actions, and the implications of improvement or lack thereof. Copies of this written communication and subsequent progress reports to the intern's graduate program will also be provided to the intern.

For behavior that involves significant illegal or unethical behavior, or gross violation of the training program's or the host facility's policies, immediate termination may be warranted. In such cases, no remediation will be provided. See Section on *Illegal, Unethical, or Inappropriate Behavior*.

6. Following the delivery of a *formal Remediation Plan notice*, the supervisor(s) and Training Director(s) will meet with the trainee to review the required remedial steps. The trainee will have the opportunity to have an advocate of their choice at said meeting. The trainee may elect to accept the conditions or may grieve/appeal the Training Committee's actions as outlined below. In either case, if this involves a doctoral intern, the Training Director(s) will inform the intern's graduate program Director of Clinical Training, and indicate the nature of the inadequacy and the steps taken by the Training Committee.

Monitoring of subsequent progress will occur through the Rotation Supervisor(s), Psychotherapy Supervisor(s), and Training Director(s). If performance improves such that the training goals for that rotation are subsequently met, the trainee will proceed with subsequent rotation(s) as planned. Once the Training Committee has issued an acknowledgement notice of the Remediation Plan, the problem's status will be reviewed within the time frame indicated on the Remediation Plan, or the next formal evaluation, whichever comes first. The trainee may be removed from probationary status with demonstration of acceptable performance (achievement of expected level of competency at that timepoint in the program) at the next marking period; however the Remediation Plan will continue throughout the timeframe indicated on the written plan. If, at any time, the trainee disagrees with the evaluation of progress, he/she may appeal by following the grievance procedures outlined (informal and formal grievance processes) to resolve the disagreement.

Failure to Correct Problems: When the defined intervention does not rectify the problematic performance within the defined time frame, or when the trainee seems unable or unwilling to alter his or her behavior, the Training Committee may need to take further formal action. If the trainee has either not demonstrated improvement or demonstrated some improvement but at a rate that precludes satisfactory completion of a rotation, the trainee (and for interns, the graduate program Director of Clinical Training), will be notified and the trainee will be placed on probationary status. The trainee's progress will be closely monitored by the Training Committee and Training Director(s). Further review and

recommendations will be made at mid-rotation and end-of-rotation evaluations, including consideration of options below as necessary:

- A. Continue the Remediation Plan for a specified period, with modifications if necessary.
- B. If correction of the problem is possible with additional months of training beyond the normal training year or by adding additional diverse training experiences (including alteration in rotation sequence), such may be recommended. The trainee may be placed in a non-pay status (without compensation) for the duration of the extension. If this involves a doctoral intern, the intern's graduate program's Director of Clinical Training will be informed.
- C. If the problem is severe enough that it cannot be remediated in a timely manner, termination may result. The trainee will be informed that the Training Committee is recommending to the Psychology Service Chief that the trainee be terminated from the training program. If this involves a doctoral intern, the intern's graduate program's Director of Clinical Training will be informed.
  1. **Termination:** If a trainee on probation has not improved sufficiently under the conditions specified in the Remediation Plan, termination will be discussed by consultation with the full Training Committee, VA OAA, and the facility DEO (or designee), and in the case of an intern with the graduate program Director of Clinical Training and APPIC. A trainee may choose to withdraw from the program rather than being terminated. The final decision regarding the trainee's passing is made by the Director of Psychology Training and the Psychology Service Chief, based on the input of the Committee and other governing bodies, and all written evaluations and other documentation. This determination will occur no later than the May Training Committee meeting. If it is decided to terminate the trainee, he/she will be informed in writing by the Director of Psychology Training that he/she will not successfully complete the program. The trainee, and if an intern, his/her graduate program, will be informed of the decision in writing no later than May 15<sup>th</sup>.
- D. At any stage of the process, the trainee may request assistance and/or consultation; please see section below on grievances. Trainees may also request assistance and/or consultation outside of the program. Resources for outside consultation include:

<b>VA Office of Resolution Management (ORM)</b>	This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high quality manner.
Department of Veterans Affairs Office of Resolution Management (08) 810 Vermont Avenue, NW, Washington, DC 20420 1-202-501-2800 or Toll Free 1-888- 737-3361 <a href="http://www4.va.gov/orm/">http://www4.va.gov/orm/</a>	
<b>Association of Psychology Postdoctoral and Internship Centers (APPIC)</b>	APPIC has established both an Informal Problem Consultation process and a Formal Complaint process in order to address issues and concerns that may arise during the internship training year.
Informal Problem Consultation (IPC) – Dr. Jeff Baker (via IPC online form) <a href="http://appic.org/Problem-Consultation">http://appic.org/Problem-Consultation</a> Formal Complaints – Dr. Ellen Teng, Chair, APPIC Standards and Review Committee ETeng@BCM.edu	
<b>APA Office of Program Consultation and Accreditation:</b>	
750 First Street, NE Washington, DC 20002-4242 (202) 336-5979 <a href="http://www.apa.org/ed/accreditation">http://www.apa.org/ed/accreditation</a>	
Independent legal counsel	
Please note that union representation is not available to trainees as they are not union members under conditions of their VA term-appointment.	



## DUE PROCESS/GRIEVANCE

Trainee Grievance Procedures: Although infrequent, differences may arise between a trainee and a supervisor or another staff member. Should this occur, the following procedures will be followed:

- 1) The trainee should request a meeting with the supervisor or staff member to attempt to work out the problem/disagreement. The supervisor will set a meeting within 2 working days of the request. It is expected that the majority of problems can be resolved at this level. However, if that fails:
- 2) The trainee should request to meet with the Training Director(s) of the program. A meeting will be arranged within 2 working days to work out the difficulty. In cases involving disagreement with the Assistant Training Director, the trainee may address their case directly to the Director of Psychology Training. In cases involving disagreement with the Director of Psychology Training, the trainee may address their case directly to the Psychology Service Chief for appropriate action. If that fails:
- 3) The Director of Psychology Training, Assistant Training Director, trainee, and supervisor or staff member meet within 2 working days of Step 2. If a consensual solution is not possible:
- 4) The trainee, Psychology Service Chief, Director of Psychology Training, Assistant Training Director, and the trainee's supervisor or staff member meet to resolve the problem within 5 working days of Step 3. If that fails:
- 5) The issue will be brought before the Affiliations Subcommittee of the Continuing and Hospital Education Committee for resolution. This is the final step of the appeal process.
- 6) In unusual and confidential instances, the trainee may address their case directly to the Psychology Service Chief and, if this fails, the trainee may proceed to Step 5.

Trainees who receive a *notice* of a Remediation Plan, or who otherwise disagree with any Training Committee decision regarding their status in the program, are entitled to challenge the Committee's actions by initiating a grievance or appeal procedure. Should this occur, the following procedures will be followed:

- a) Within 5 working days of receipt of the Training Committee's notice or other decision, the trainee must inform the Training Director(s) in writing that he/she disagrees with the Committee's action and to provide the Training Director(s) with information as to why the trainee believes the Training Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge. Following receipt of the trainee's grievance, the grievance process (described above) will begin at Step 2.

### Storage of Trainee Grievance Due Process Documents:

- A. All documentation of active grievances will be stored electronically in a secure folder and/or in a locked filing cabinet by the Director of Psychology Training.
- B. All documentation of resolved grievances will be stored electronically in a secure folder and/or in a locked filing cabinet by the Director of Psychology Training and/or training programs' support specialist.

Illegal, Unethical or Inappropriate Behavior: Psychology training programs are bound by the Ethical Principles of Psychologists and Code of Conduct set forth by the American Psychological Association (APA, 2002, 2010, 2017) and the James A Haley Veterans' Hospital's Code of Conduct for Employees and Trainees (HPM 00-46). Rarely, instances arise which reflect poor professional conduct, disregard for policies and procedures of the Service and the Hospital, and/or possible ethical or legal misconduct. Any person who observes such behavior, whether staff or trainee, has the responsibility to report the incident. Should this occur by a trainee, the following procedures apply:

- A. Illegal, unethical, or professionally inappropriate conduct by a trainee must be brought to the attention of the Training Director(s) in writing. Any person who observes such behavior, whether staff or trainee, has the responsibility to report the incident.
  1. Infractions of a very minor nature may be dealt with among the Training Director(s), the supervisor, and the trainee. A written record of the complaint and the action taken become a temporary part of the trainee's file.
  2. Any significant infraction or repeated minor infractions or issues of gross incompetence must be reviewed by the Training Committee, after the written complaint is submitted to a Training Director(s). After review

of the case, the Training Committee will recommend either starting a formal Remediation Plan or termination of the trainee's appointment. In the case of an intern, the Training Director(s), with concurrence of the Psychology Service Chief, will determine if the behavior warrants notifying the graduate program's Director of Clinical Training at the outset of a Remediation Plan (prior to the trainee being placed in a probationary status).

3. The Psychology Service Chief receives the recommendations of the Training Committee, decides on final deposition including recommendation for termination of the trainee's appointment.
  - i. Should a trainee's conduct be particularly egregious, immediate intervention may be deemed necessary (e.g., suspension with pay) and review by the Affiliations Subcommittee of the Continuing and Hospital Education Committee requested for recommendations (which may include termination of the program without completion). A trainee may choose to withdraw from the program rather than being terminated.
- B. Patient Abuse: Trainees witnessing or becoming aware of incidents of patient abuse will inform their supervisor or other Psychology training staff who will assist them in filing the required incident report and in following out the procedures outlined in VAMC memoranda.